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ABSTRACT

The Indiana Statewide Plan for Continuing Education in Nursing (ISPCEN) was implemented to establish a structure for coordinating resources, data, and personnel which would provide quality continuing education for registered and licensed practical nurses in Indiana at the regional level, ultimately leading to the opportunity for nurses in every region of Indiana to maintain competence, meet the changing standards of practice developed by the profession, exercise leadership effecting changes in health delivery services, and achieve career satisfaction. Two questions were foremost in the minds of the evaluators as they designed the evaluation procedure: (1) To what extent has ISPCEN made an impact on the active nurses in Indiana? (2) To what extent is ISPCEN accomplishing the tasks relevant to its goals and objectives? In chapter 2 the design of the formative evaluation is delineated, the nature and scope is outlined, the criteria questions utilized in the evaluation are displayed, and the source of data and techniques for data collection are identified. In chapter 3 each of 16 criteria questions are displayed together with the data that respond to the question. Chapter 4 records the recommendations made by the external consultant and the project director of ISPCEN. Both see the condition of ISPCEN as healthy, productive, effective, efficient, and promising. (RC)

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FORMATIVE EVALUATION
OF THE
INDIANA STATEWIDE PLAN FOR
CONTINUING EDUCATION IN
NURSING

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U S DEPARTMENT OF HEALTH.
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION

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CHAPTER ONE

Description of the Indiana Statewide Plan for Continuing Education in Nursing

(ISPCEN)

Origin and History

The Indiana Statewide Plan for Continuing Education in Nursing (ISPCEN) originated in the early 1970's. Prior to this time, there was little being done to coordinate continuing education activities in nursing in Indiana. Continuing education was being provided for nursing practitioners in an unorganized fashion across the state. Resources were being utilized most haphazardly, and areas of educational poverty were as common as areas of educational plenty.

At the same time, the demand for continuing education to meet the needs of nurses in maintaining professional currency was given impetus by the knowledge explosion and increased technology of the era. Consumers of health care services were becoming concerned about the quality of health care delivery.

Awareness of an imminently critical situation led three nurses, Jean E. Schweer, Professor of Nursing, Director of the Division of Continuing Education at Indiana University School of Nursing, Indianapolis; Maryanne Roehm, Associate Professor of Nursing, Director of Continuing Education at Indiana State University, Terre Haute, Indiana; Geraldine Wojtowicz, Director of the Division of Nursing, Indiana State Board of Health, Indianapolis, Indiana to the development of a project proposal which was funded by the United States Public Health Service Special Project Grants Division for the year extending from June 1, 1972 to May 31, 1973.

The goal of the project was to develop a structural plan for a statewide system of continuing education in nursing resulting in the coordinated utilization of available resources in planning for needed continuing education activities for nurse participants on a statewide basis, through a regional approach utilizing the fourteen Planning and Development Regions of the State of Indiana established by the Governor in 1968.

Following the planning period, funds were requested and received from the W.K. Kellogg Foundation for a three year implementation phase extending from January 1, 1974 through December 31, 1976.

Goals and Purposes

The goal of the implementation phase of ISPCEN was to establish a structure for coordinating resources, data, and personnel which would provide quality continuing education for registered and licensed practical nurses in Indiana at the regional level, ultimately leading to the opportunity for nurses in every region of Indiana to maintain competence, meet the changing standards of practice developed by the profession, exercise leadership effecting changes in health delivery services, and achieve career satisfaction.

Ultimately, the project sought to provide for the establishment of the continuing education mission on an equal plane with all other educational programs in each college and/or university based school of nursing, the integration of the statewide master plan for continuing education into the state master plan for nursing education and the system of higher education in Indiana, and, finally, the establishment of a plan for a permanent record system of each nurse's continuing education effort by each sponsoring agency.

Nine objectives have been defined for the project. These objectives are:

1. To implement an operational organizational structure for statewide continuing education in nursing utilizing the regional planning approach in order to best meet the continuing education needs of Indiana nurses.
2. To identify on a continuum the continuing education needs of nurses in the fourteen regions of Indiana.
3. To encourage sponsors to use the guidelines and standards for continuing education programs developed by ISPCEN.
4. To provide a mechanism for efficient utilization of available resources and facilities for offering continuing education programs on a statewide basis.
5. To develop a five year master plan for offering continuing education programs for nurses on a statewide basis that can be utilized as a component of the Indiana State Nurses' Association Master Plan for Nursing Education.
6. To establish a statewide system for the use and recording of the Continuing Education Unit (CEU) as a uniform unit of measurement

for non-credit continuing education programs in nursing.

7. To serve as a clearing house for providing each Indiana nurse with a quarterly up-to-date calendar of continuing education events on a regional and statewide basis.
8. To encourage the use of instructional systems technology for selected continuing education in nursing programs.
9. To utilize existing learning laboratories for independent study by nurses, providing continuing education activities in local regions.

Personnel

The ISPCEN Board of Directors provides the ways and means for achieving the purposes of the project. Members of the Board of Directors include the Executive Director of the Indiana State Nurses' Association, a Board Member of the Indiana State Board of Nurses' Registration and Nursing Education, the Director of the Division of Nursing, Indiana State Board of Health, the Continuing Education Representative on the Indiana State Nurses' Association Council on Education, a Current Officer of the Indiana Federation of Licensed Practical Nurses, a Board Member of the Indiana Citizens League for Nursing, the current Project Director of ISPCEN, the Project Director during the planning grant for ISPCEN, an ISPCEN Regional Coordinator, and an ISPCEN Regional Chairperson.

The ISPCEN Coordinating Council is composed of all the Regional Coordinators and Regional Chairpersons. Regional Coordinators are paid persons. Regional Chairpersons are volunteers who assume the functions of Chairperson in addition to their regular employment.

In 1974, the following Regional Coordinators were funded through the Kellogg grant:

Region I	Indiana University Northwest (½ support)	Mary Ellen Meade
Region II	Goshen College	Kathryn Ponzo
Region III	Purdue University - Fort Wayne, Indiana	Doris Mack
Region XIII	University of Evansville	Thelma Brittingham

Other full time Regional Coordinators not supported by Kellogg funds were:

Region VI	Ball State University	Kathryn Fitzpatrick
Region VII	Indiana State University	Maryanne Roehm
Region VIII	Indiana University	Jean Schweer

In addition, I.U.P.U.I. - Columbus Center received funds from the Irwin-Sweeney-Miller Foundation, the Bartholomew County Hospital Foundation and the Indiana Regional Medical Program to establish the position of Regional Coordinator there for Regions XI, XII, and XIV, effective July 1, 1974 through December 31, 1974.

In 1975, Regional Coordinators will be funded by the Kellogg grant in the following Regions:

Region II	Goshen College
Region III	Purdue University - Fort Wayne
Region IV	Purdue University - West Lafayette
Region V	Indiana University - Kokomo
Regions XI, XII, XIV	I.U.P.U.I. - Columbus Center
Region XIII	University of Evansville

The Regional Coordinators based in Regional Centers which will be self-supporting in 1975 are:

Region I	Indiana University Northwest
Region VI	Ball State University
Region VII	Indiana State University
Region VIII	Indiana University

There is a Regional Chairperson in each of the 14 ISPCEN Regions.

Organizational Structure

The fiscal agent for the ISPCEN project is the Indiana University Foundation. Regional Centers supported by the grant enter into a contractual agreement with the Indiana University Foundation for administration of the necessary funds. At the end of the grant period, the Regional Centers will assume fiscal responsibility for maintaining continuing education activities in nursing as an integral part of the educational system.

The Indiana University School of Nursing has committed itself to keeping the activities of ISPCEN viable during the grant period.

The Board of Directors of the Indiana State Nurses' Association approved a plan whereby the Indiana State Nurses' Association will assume responsibility for continued coordination of continuing education in nursing on a statewide basis at the end of the three-year project grant. During the grant period, ISPCEN and the Indiana State Nurses' Association will plan together to provide for an orderly transition of organizational structure from ISPCEN to the Indiana State Nurses' Association.

The ISPCEN Board of Directors has as its function to provide for the orderly transition of the project to the Indiana State Nurses' Association upon termination of the grant in addition to providing the ways and means for achieving the purposes of the project as mentioned earlier.

The Board of Directors may establish Resource Groups as appropriate to study and make recommendations to the Board regarding selected aspects of continuing education in nursing.

The Project Director organizes and administers the ISPCEN project and chairs the Coordinating Council. The Project Director is responsible to the ISPCEN Board of Directors.

The Coordinating Council has as its function to recommend to the Board of Directors operating policies and procedures for the coordination of the Statewide Plan.

Regional Centers are composed of a Regional Coordinator, a secretary, and a Regional Committee or Committees. Implementation of the Statewide Plan requires the establishment of ten Regional Centers within the State of Indiana as follows:

Region I
Region II
Region III
Region IV
Region V
Region VI, IX
Region VII, X
Region VIII
Region XI, XII, XIV
Region XIII

By contractual agreement, the Regional Coordinators are responsible to their respective university structural units with a major commitment to ISPCEN through its Board of Directors and/or Project Director.

Regional Centers may form a consortium of interested colleges and universities within the defined area.

Regional Centers participating in the implementation of the Statewide Plan assume the functions described in the project's nine objectives listed earlier in this chapter.

The functions of Regional Coordinators include serving as liaison among the institutions of higher education, other departments of that institution, the community and the Statewide Plan, continuously identifying needs, resources and facilities in continuing education in nursing, developing and implementing continuing education courses for nurses in assigned specific Region or Regions and coordinating courses between Regions, utilizing the CEU concept and the recording of such, participating in local, state, regional or national organizational activities related to continuing education in nursing, and other similar duties.

Regional Committees vary in size and composition. Each committee attempts to include adequate representation from minority groups, special interest areas, and geographic distribution by county. Among suggested membership are adult educators, inservice education directors, directors of nursing service, educators in schools of nursing, physicians, voluntary health organization personnel, administrators of health facilities, legislative members and others.

Regional Committees in cooperation with the Regional Coordinator set priorities for offering courses and recommend action to the Regional Coordinator, establish and implement the review process for the use of the CEU, interpret ISPCEN and the concept of continuing education to the groups, agencies and organizations Regional Committee members represent, and provide a forum for discussion of concerns for improving health care.

In those Regions where there is not a Regional Coordinator, the Regional Committees perform all functions assigned to the Regional Coordinator in so far as possible, under the direction of the Regional Chairperson.

CHAPTER TWO

Description of the Evaluation Procedure

The design of the formative evaluation of ISPCEN is delineated in this part of the report. The nature and scope of the evaluation is outlined, the criteria questions utilized in the evaluation are displayed, and the sources of data and techniques for data collection are identified.

Nature and Scope of the Evaluation

Formative evaluation is that evaluative process which takes place during the course of a program or project. Formative evaluation is usually contrasted in the literature of evaluation with summative evaluation. Summative evaluation is that evaluative process which occurs at the conclusion of a program or project. A formative evaluation ordinarily reveals the extent to which a program or project is worthwhile over a given time frame. Formative evaluation also establishes base-line data that may be compared to data generated in a future formative evaluation or to data gathered in the summative evaluation.

The present report publishes data and evaluative judgments concerning the effectiveness of ISPCEN after one year of operations. Since the ISPCEN project will continue for another two years, the evaluation conducted at this stage of ISPCEN's development is a formative evaluation.

Two questions were foremost in the minds of the evaluators as they designed the evaluation procedure: 1) to what extent has ISPCEN made an impact on the active nurses in the state of Indiana? 2) to what extent is ISPCEN accomplishing the tasks identified in what may be called its "charter," i.e., the document that states the goals and objectives of ISPCEN (Cf. Appendix A).

The Evaluators

The evaluators of the project were Belinda Puetz and Leon McKenzie. Puetz is the project director of ISPCEN; McKenzie is assistant professor of adult education at Indiana University.

As project director Puetz is "internal" to the processes of ISPCEN; as a consultant who is not a member of the administrative force of ISPCEN McKenzie is "external" to these processes. The rationale for the selection of the evaluators is simply stated: a team of evaluators representing both "internal" and "external" perspectives on that which is to be evaluated are likely to combine their insights and inferences in such a way as to strike a needed balance between objectivity and subjectivity.

An evaluator "internal" to the project under evaluation is able to identify variables of the situation that might be overlooked by an external consultant. An internal evaluator is able ordinarily to see finely nuanced phenomena that are missed by someone who is not familiar with the "culture" of project under evaluation, the "lore system" that underlies the project, and the interpersonal relationships that obtain in the situation.

An "external" evaluator, on the other hand, is able to look at the project under evaluation with a certain degree of detachment and objectivity. The external consultant may sometimes see something that is missed by the internal evaluator because the internal evaluator has developed a blind spot due to overfamiliarity with the project. The external consultant may also raise issues and questions not raised by someone who is within the system being evaluated.

Criteria Questions: Generation

It was noted above that two primary concerns of the evaluators were: 1) the impact of ISPCEN on active nurses in Indiana after one year of operations and 2) the extent to which ISPCEN is accomplishing the tasks identified in its "charter."

Criteria questions concerning these two major concerns were generated by the evaluators at conferences and with correspondence. An initial conference took place on September 16, 1974. The purpose of the meeting was to contract the services of the external consultant, to delineate the broad objectives and scope of the evaluation, and to identify possible areas for which criteria questions could be developed.

Subsequent to the conference a number of memoranda were submitted by the external consultant to the project director/internal evaluator. Brief meetings and telephone conversations clarified the approaches of the team members. Both evaluators worked privately developing criteria questions after an overall structure for the evaluation had been determined.

An all-day meeting was conducted on November 25, 1974. At this time the structure and design of the evaluation was finalized, and criteria questions to be employed in the evaluation were formulated. Data collection techniques were also determined at this meeting.

Criteria Questions: Display

The following questions represent the foundation of the evaluation.

1. What is the impact of ISPCEN on active nurses in Indiana?
2. To what extent are the regional coordinators of ISPCEN involved in the planning and implementation of continuing education at the regional level?
3. Has special training in adult education processes and procedures been provided for regional coordinators? When? Where? How many regional coordinators have participated?
4. To what extent have regional coordinators been established in higher education institutions and to what extent do higher education institutions serve as regional centers?
5. To what extent have geographical areas of "educational poverty" among nurses been identified? What is being done to organize resources to meet educational needs in the regions?
6. To what extent are existing independent learning laboratories in the regions utilized for supervised, independent study courses?
7. What evidence can be adduced to indicate the process of organizing ISPCEN has been evaluated?
8. What instrumentalities, tools, and techniques have been developed for evaluating the relationship between continuing

education offerings and improved health care services?

9. To what extent has ISPCEN coordinated the planning and implementation of continuing education courses at the intra-regional and statewide levels?
10. What packaged courses have been disseminated to the regions and what materials have been supplied and/or circulated to the learning laboratories? In what ways was ISPCEN involved in this process?
11. Have any non-credit courses been approved for credit by an educational institution? Has any student attempted to receive credit approval for non-credit courses?
12. What is the state of development of course offerings for teams of interdisciplinary health care professionals?
13. What are some possible future directions in the development of course offerings for teams of interdisciplinary health care professionals?
14. To what extent has a system for the use and recording of continuing education units (CEU) been established?
15. What strategies have been utilized for the ongoing identification of the educational needs of nurses relative to the emerging health care needs of the public?
16. To what extent have Indiana nurses been provided with a calendar of continuing education events?

Data Sources and Techniques for Data Collection

In this section of the report the criteria questions are again listed. Following each of the questions the data source(s) and technique(s) for collecting data are identified.

1. What is the impact of ISPCEN on active nurses in Indiana?

	Data Source	Data Collection Technique
A)	A random sample of active nurses in Indiana.	Questionnaire (Cf. Part A of the next section of this chapter).
B)	Regional Coordinators of ISPCEN.	Group discussion (Cf. Part B of the next section of this chapter for the schedule of discussion questions).
C)	Board of Directors of ISPCEN.	(Interview (Cf. Part C of the next section of this chapter for the interview schedule).

2. To what extent are the Regional Coordinators of ISPCEN involved in the planning and implementation of continuing education at the regional level?

	Data Source	Data Collection Technique
A)	Project Director of ISPCEN.	Interview.
B)	Regional Coordinators of ISPCEN.	Group discussion.
C)	ISPCEN Records	Documentation analysis.

3. Has special training in adult education processes and procedures been provided for Regional Coordinators? When? Where? How many Regional Coordinators have participated?

	Data Source	Data Collection Technique
A)	Professor Charlotte Carlley, Division of Continuing Education in Nursing, Indiana University	Interview.
B)	ISPCEN Records	Documentation analysis.

4. To what extent have Regional Coordinators been established in higher education institutions and to what extent do higher education institutions serve as Regional Centers?

	Data Source	Data Collection Technique
A)	ISPCEN Records.	Documentation analysis.

5. To what extent have geographical areas of "educational poverty" among nurses been identified? What is being done to organize resources to meet educational needs in these regions?

	Data Source	Data Collection Technique
A)	Regional Coordinators of ISPCEN.	Group discussion (Cf. Part B in the next section of this chapter).
B)	ISPCEN Records.	Documentation analysis.

6. To what extent are existing independent learning laboratories in the regions utilized for supervised, independent study courses?

	Data Source	Data Collection Technique
A)	ISPCEN Records	Documentation analysis.

7. What evidence can be adduced to indicate the process of organizing ISPCEN has been evaluated?

	Data Source	Data Collection Technique
A)	Regional Coordinators of ISPCEN.	Group discussion (Cf. Part B in the next section of this chapter).
B)	ISPCEN Records.	Documentation analysis.

8. What instrumentalities, tools, and techniques have been developed for evaluating the relationship between continuing education offerings and improved health care services?

	Data Source	Data Collection Technique
A)	Regional Coordinators of ISPCEN.	Questionnaire (Cf. Part D in the next section of this chapter).

9. To what extent has ISPCEN coordinated the planning and implementation of continuing education courses at the intra-regional and statewide levels?

	Data Source	Data Collection Technique
A)	Regional Coordinators of ISPCEN.	Group discussion (Cf. Part B in the next section of this chapter).
B)	ISPCEN Records.	Documentation analysis.

10. What packaged courses have been disseminated to the regions and what materials have been supplied and/or circulated to the learning laboratories? In what ways was ISPCEN involved in this process?

	Data Source	Data Collection Technique
A)	Regional Coordinators of ISPCEN.	Questionnaire (Cf. Part D of the next section of this chapter).

11. Have any non-credit courses been approved for credit by an educational institution? Has any student attempted to receive credit approval for non-credit courses?

	Data Source	Data Collection Technique
A)	Regional Coordinators of ISPCEN.	Group discussion (Cf. Part B of the next section of this chapter).

12. What is the state of development of course offerings for teams of interdisciplinary health care professionals?

	Data Source	Data Collection Technique
A)	Regional Coordinators of ISPCEN.	Group discussion (Cf. Part B of the next section of this chapter).

13. What are some possible future directions in the development of course offerings for teams of interdisciplinary health care professionals?

	Data Source	Data Collection Technique
A)	Board of Directors of ISPCEN.	Interview (Cf. Part C of the next section of this chapter).
B)	Regional Coordinators of ISPCEN.	Group discussion (Cf. Part B of the next section of this chapter).

14. To what extent has a system for the use and recording of continuing education units (CEU) been established?

	Data Source	Data Collection Technique
A)	Regional Coordinators of ISPCEN.	Questionnaire (Cf. Part D of the next section of this chapter).

15. What strategies have been utilized for the ongoing identification of the educational needs of nurses relative to the emerging health care needs of the public?

	Data Source	Data Collection Technique
A)	Regional Coordinators of ISPCEN.	Questionnaire (Cf. Part D of the next section of this chapter).

16. To what extent have Indiana nurses been provided with a calendar of continuing education events?

	Data Source	Data Collection Technique
A)	Regional Coordinators of ISPCEN.	Questionnaire (Cf. Part D of the next section of this chapter).
B)	ISPCEN Records.	Documentation analysis.

17. What are the strengths of ISPCEN at this point of the development of the project?

	Data Source	Data Collection Technique
A)	Board of Directors of ISPCEN	Interview (Cf. Part C of the next section of this chapter).
B)	Regional Coordinators of ISPCEN	Group discussion (Cf. Part B of the next section of this chapter).

18. What are the weaknesses of ISPCEN at this point of the development of the project?

	Data Source	Data Collection Technique
A)	Board of Directors of ISPCEN	Interview (Cf. Part C of the next section of this chapter).
B)	Regional Coordinators of ISPCEN	Group discussion (Cf. Part B of the next section of this chapter).

Display of Questionnaires, Discussion Question Schedule, and Interview Schedule

It was indicated above that several techniques for data collection were utilized. This section of the chapter displays the questionnaires, the discussion question schedule, and the interview schedule employed in the collection of evaluative data. Part A displays the questionnaire submitted to the random sample of active Indiana nurses; Part B displays the schedule of discussion questions addressed by the Regional Coordinators of ISPCEN; Part C displays the schedule of questions addressed in interview to the members of the Board of Directors of ISPCEN; Part D displays the questionnaire submitted to the Regional Coordinators of ISPCEN.

Part A: Questionnaire for a Sample of Active Nurses in Indiana

The Indiana Statewide Plan for Continuing Education in Nursing (ISPCEN) has been in operation for approximately a year. ISPCEN is currently undergoing a formative evaluation. Will you please take a few moments to respond to this brief survey? The data you furnish through the survey will be of great help in assessing the state of development of ISPCEN. Thank you very much!

1. Previous to this communication have you been aware of the existence of ISPCEN? (Circle One)

   YES NO

2. Previous to this communication have you been aware, at least generally, of the goals of the ISPCEN? (Circle One)

   YES NO

3. Which goals of ISPCEN are you aware of?

4. Previous to this communication have you been aware of any of the accomplishments of ISPCEN? (Circle One)

   YES NO

5. Which accomplishments are you aware of?

6. Have you been involved directly or indirectly with the activities of ISPCEN? (Circle One)

   YES NO

7. In what ways have you been involved?

The Questionnaire: Rationale

The assessment of the impact of any institution or project vis-a-vis the publics it serves is a difficult task. It must first be determined what is meant by "impact." In the case of ISPCEN it was decided by the evaluators that four major criteria should serve as standards of measurement for the assessment of the impact of ISPCEN:

1) a project has impact if people know it exists,
2) a project has impact if people know its nature through a general appraisal of its goals,
3) a project has impact if people know some of the products/effects it has accomplished, and
4) a project has impact if people are aware of being involved, either directly or indirectly, in the project.

These four standards, then, define what is meant by "impact." The questionnaire was developed with these standards in mind.

Part B: Group Discussion Techniques

One of the principal techniques employed to gather data from the Regional Coordinators of ISPCEN was the group discussion technique. The following questions were addressed by the Regional Coordinators as a group:

1. What is your perception of the impact of ISPCEN on active nurses in Indiana?
   A. To what extent are the nurses in your region aware of the existence of ISPCEN?
   B. To what extent do the nurses in your region know the goals of ISPCEN?
   C. To what extent do the nurses in your region know of the accomplishments of ISPCEN?
   D. To what extent are the nurses in your region aware of being involved, either directly or indirectly, with the activities of ISPCEN?
2. Describe the extent to which Regional Coordinators are involved in the planning and implementation of continuing education at the regional level.

3. Would you describe your region as an area of "educational poverty?" Why? Why not? What is being done to remediate conditions in areas of "educational poverty?"

4. What evidence can be adduced to indicate the process of organizing ISPCEN has been evaluated?

5. To what extent is ISPCEN involved in the planning and implementation of continuing education courses at the intra-regional and statewide levels?

6. Have any non-credit courses been approved for credit by an educational institution? Has any student attempted to receive credit approval for non-credit courses?

7. What is the state of development of course offerings for teams of interdisciplinary health care professionals?

8. What are some possible future directions in the development of course offerings for teams of interdisciplinary health care professionals?

9. What are the strengths of ISPCEN at this point of the development of the project?

10. What are the weaknesses of ISPCEN at this point of the development of the project?

The responses of the Regional Coordinators to the questions listed above were judgmental in nature, in many cases. These responses or judgments were perceived as a partial data base for the evaluative judgments or decisions of the evaluators.

Part C: Board of Directors Interview Schedule

The interview technique for data collection was employed vis-a-vis the collection of data from members of the Board of Directors of ISPCEN. The following questions were asked:

1. What is your perception of the impact of ISPCEN on active nurses in Indiana?

   A. To what extent are Indiana nurses aware of the existence of ISPCEN?

   B. To what extent do Indiana nurses know the goals of ISPCEN?

   C. To what extent do Indiana nurses know of the accomplishments of ISPCEN?

   D. To what extent are Indiana nurses aware of being either directly or indirectly involved with the activities of ISPCEN?

2. What are some possible future directions in the development of course offerings for teams of interdisciplinary health care professionals?

3. What are the present strengths of ISPCEN?

4. What are the present weaknesses of ISPCEN?

5. What can be stressed in future months to improve ISPCEN?

Plan for the Analysis of Data

The data collected from ISPCEN records, from the Regional Coordinators, from the Board of Directors, and from a sample of the active nurses in Indiana are displayed in the next chapter. Prior to the collection of data the evaluators planned to organize and display the data, and to draw inferences about the present stage of development of ISPCEN. The evaluators determined to examine each of the sixteen criteria questions in the light of collected data and to respond to each of these questions. Each evaluator decided to present responses with commentary to each of the sixteen criteria questions, thereby producing two sets of evaluative judgments. The responses of the evaluators, it was decided, would be rendered independently. The inferential responses or evaluative judgments of the evaluators appear in Chapter Four of this report.

Part D: Questionnaire for Regional Coordinators

A questionnaire was administered to the Regional Coordinators of ISPCEN to gather data relating to specific items not addressed in the group discussions of the Coordinators. The Regional Coordinators were asked to respond to the following questions:

1. What instrumentalities, tools, and techniques have been developed for evaluating the relationship between continuing education offerings and improved health care services? Please list the items and discuss briefly.
2. What packaged courses have been disseminated to the regions and what materials have been supplied and/or circulated to the learning laboratories? In what ways was ISPCEN involved in this process? Please identify and briefly describe the courses and materials.
3. To what extent has a system for the use and recording of continuing education units (CEU) been established?
4. What strategies have been utilized for the ongoing identification of the educational needs of nurses relative to the emerging health care needs of the public? Please identify and briefly describe these strategies.
5. To what extent have Indiana nurses been provided with a calendar of continuing education events?

Chapter Three

Presentation of Evaluative Data

It is the purpose of this chapter to present the evaluative data collected by means described in the foregoing section. Each of the 16 criteria questions will again be stated, together with the data that respond to the questions.

Question # 1: What is the impact of ISPCEN on active nurses in Indiana?

Criterion question # 1, it will be remembered, is associated with several subquestions: 1) To what extent are Indiana nurses aware of the existence of ISPCEN? 2) To what extent do Indiana nurses know the goals of ISPCEN? 3) To what extent do Indiana nurses know the accomplishments of ISPCEN? 4) To what extent are Indiana nurses aware of being involved, either directly or indirectly, with the activities of ISPCEN?

Data Obtained from the Questionnaire

A questionnaire was devised by the evaluators. The questionnaire was piloted on a sample of 100 Indiana nurses. The purpose of the pilot survey was twofold: 1) to determine if the wording of the questionnaire was clear and understandable and, 2) to determine the percentage of responses that could be realistically anticipated for the sample that was to follow. The questionnaire appears in the foregoing pages of this report (pp. 19-20).

A sample of 700 nurses was drawn randomly from the Indiana State Board of Nurses' Registration and Nursing Education's (ISBNRNE) list of registered and licensed practical nurses who hold an active license to practice nursing in the state. A total of 317 nurses responded to the questionnaire. Of this total 220 were Registered Nurses and 80 were Licensed Practical Nurses. Seventeen did not indicate whether they were RN or LPN. This group is designated "unknown." The data resulting from the study are significant at the .05 confidence level with a margin of error of .055. Which is to say, in 95 samples out of 100 samples the results would be the same, with a precision of .945. Exhibit A displays the percentages of returns from Registered Nurses and Licensed Practical Nurses. Exhibit B displays various percentages and frequencies of "Yes," "No," and "No Answer" returns for each of the items on the questionnaire in relation to the categories of "Registered Nurses," "Licensed Practical Nurses," and "Unknown."

The narrative description of the data in this report is concerned with the cumulative percentage totals.

A total of 41.6% of those polled were aware of the existence of ISPCEN; 58% were unaware of ISPCEN's existence. One respondent did not answer the question.

The question relating to knowledge of the goals of ISPCEN rendered the following percentages: 25.2% were knowledgeable about ISPCEN's goals; 71.2% did not know of any of ISPCEN's goals; 3.4% of the respondents left the question unanswered.

The question relating to specification of known goals ("What are these goals?") rendered the following percentages: 23.9% responded that they knew of ISPCEN's goals and wrote an appropriate comment identifying at least one goal; 1.8% responded that they knew of ISPCEN's goals but did not identify

EXHIBIT A

QUESTIONNAIRES: RETURN PERCENTAGES

	RN's	LPN's	Unknown	TOTAL
Total # of questionnaires mailed	522	178		700
Total # of questionnaires returned	220	80	*17	317
Total undeliverable	17 returned by Post Office 2 letters out-of-state		19	
Total percentage Return Rate	42%	45%		48%
TOTAL return				336

*Did not indicate whether R.N. or L.P.N.

EXHIBIT B

Frequencies/Percentages of Various Response

	RN		LPN		UNKNOWN		
	Frequency /	Percentage	Frequency /	Percentage	Frequency /	Percentage	Percentage Totals (Carried one dec.)
Question 1:							
Yes	103	47	25	31	4	24	41.6
No	116	53	55	69	13	76	58.0
N.A.	1	<1			-	-	.3
Question 2:							
Yes	66	30	12	15	2	12	25.2
No	145	66	66	83	15	88	71.2
N.A.	9	4	2	2	-	-	3.4
*Question 3:							
Yes - Ans.	63	29	11	14	2	12	23.9
Yes - N.A.	5	2	1	1	0	-	1.8
No - Ans.	2	<1	0	0	0	-	.6
No - N.A.	144	65	66	83	15	88	70.9
N.A.-N.A.	6	3	2	2	0	-	2.5
Question 4:							
Yes	22	10	2	2	1	5	7.8
No	187	85	71	89	16	95	86.4
N.A.	11	5	7	9	-	-	5.6

EXHIBIT B - Continued

	RN		LPN		Unknown		Percentage Totals (Carried one dec.)
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage	
* Question 5:							
Yes - Ans.	21	10	2	2	-	-	7.2
Yes - N.A.	1	<1	0	0	1	5	.3
No - Ans.	2	<1	0	0	16	95	5.6
No - N.A.	186	85	71	89	-	-	81.3
N.A.-N.A.	10	5	7	9	-	-	5.3
Question 6:							
Yes	26	12	10	13	1	6	11.6
No	187	85	67	84	15	88	84.8
N.A.	7	3	3	3	1	6	3.4
*Question 7:							
Yes - Ans.	26	12	10	13	1	6	11.6
Yes - N.A.	-	-	0	0	0	-	0
No - Ans.	5	2	4	5	1	6	3.1
No - N.A.	182	83	63	79	14	82	81.7
N.A.-N.A.	5	2	3	3	1	6	2.8
N.A.-Ans.	2	<1	-	-	-	-	.6

*Yes - answer - circled previous question yes - wrote appropriate answer (see attached responses).
Yes - no answer - circled previous question yes - did not write in answer.
No - answer - circled previous question no - wrote appropriate answer (see attached responses)
No - no answer - circled previous question no - did not write in answer.
N.A. - N.A. - did not answer either question
N.A. - answer - did not answer previous question - wrote appropriate answer (see attached responses).

any goals; .6% responded that they did not know of ISPCEN's goals and added a comment; 70.9% responded that they did not know of any goals of ISPCEN and did not offer comments; 2.5% did not answer either question # 2 or # 3.

Question # 4 concerned knowledge of the accomplishments of ISPCEN. A total of 7.8% stated they knew of at least one accomplishment of ISPCEN; 86.4% did not know of any accomplishments of ISPCEN; 5.6% did not answer.

Question # 5 asked the respondents to identify at least one accomplishment of ISPCEN. A total of 7.2% responded that they knew of at least one accomplishment and made an appropriate comment indicating an accomplishment; .3% of those who answered question # 4 affirmatively did not write an appropriate comment indicating an accomplishment; 5.6% answered question # 4 negatively and wrote an appropriate comment; 81.3% answered question # 4 negatively and did not write a comment; 5.3% answered neither question # 4 nor question # 5.

Question # 6 concerned the awareness, on the part of the respondents, of being involved either directly or indirectly in the activities of ISPCEN. A total of 11.6% were aware of being involved in some way with ISPCEN; 84.8% were unaware of being involved; 3.4% did not respond to the question.

Question # 7 asked the respondents to identify at least one way in which they were involved with ISPCEN. A total of 11.6% who responded affirmatively to the foregoing question made an appropriate comment; no respondent who answered the foregoing question affirmatively failed to write a comment; 3.1% of the respondents who answered question # 6 negatively made an appropriate comment; 81.7% of the respondents who answered question # 6 negatively did not write a comment; 2.8% of the respondents answered neither question # 6 nor question # 7; .6% of the respondents did not answer question # 6 but made a comment.

It is suggested that the reader relate this narrative description both to Exhibits A and B, and also to the written comments of the respondents which appear in Appendix B of this report.

Data Obtained from Regional Coordinators

The Regional Coordinators were asked to divide into two discussion groups for the purpose of responding to various criteria questions. One of the questions was "What is your perception of the impact of ISPCEN on active nurses in Indiana?" This major question was answered in terms of four subquestions:

Subquestion # 1: To what extent are the nurses in your region aware of the existence of ISPCEN?

Response: It was estimated by one group that between 20% and 50% of the nurses (RN's LPN's) were aware of the existence of ISPCEN. The other group estimated that approximately 25% of the nurses in Indiana were aware of ISPCEN chiefly because of ISPCEN's impact on the leadership of organizations, facilities, and sponsors of programs.

Subquestion # 2: To what extent do the nurses in your region know the goals of ISPCEN?

Response: One group of Regional Coordinators estimated that 10% or less knew the goals of ISPCEN. The other group failed to venture a "guesstimate."

Subquestion # 3: To what extent do the nurses in your region know of the accomplishments of ISPCEN?

Response: One group estimated that between 15% and 20% of the nurses knew of ISPCEN's accomplishments. The other group responded "not really sure."

Data Obtained from the Board of Directors

No consensual answers to the subquestions associated with criterion question # 1 emerged from the interviews of the members of the Board of Directors.

One respondent indicated that nurses "...know something is happening, but they don't tie it in with ISPCEN necessarily." Another member indicated that she could not respond to the questions with any legitimacy but expressed the opinion that many nurses are involved with ISPCEN's activities and should have some knowledge of the project.

Another respondent suggested that only a "minimal" number of nurses know anything about ISPCEN, its goals, or accomplishments.

One respondent suggested that public health nurses and school nurses in all regions are "very aware" of ISPCEN, "aware" of the goals of ISPCEN, and "aware" that a better kind of approach is being taken toward continuing education for nurses.

One member of the Board of Directors hazarded the estimate that about 30% of the nurses know of the existence of ISPCEN, and that nurses are generally aware of ISPCEN because of CEU and the course offerings arranged through ISPCEN.

Still another interviewee stated that not many nurses are aware of ISPCEN, its goals or accomplishments, but that they are aware of continuing education in nursing.

One interviewee felt that only a few were aware of ISPCEN and lesser numbers were aware of the goals and accomplishments of ISPCEN. Finally, a respondent indicated that the people she worked with were "quite aware" of ISPCEN and at least superficially aware of ISPCEN's goals and accomplishments.

During the course of interviewing the Board of Directors relative to criterion question # 1, a respondent noted that some nurses are resentful of ISPCEN because of "...the early manner in which the project was begun." The respondent suggested that the League for Nursing, for example, has "its own programs" and ISPCEN was perceived as duplicating and conflicting with these programs. (The comments have little direct bearing on criterion question # 1, but do furnish some evaluative data).

Question # 2: To what extent are the Regional Coordinators of ISPCEN involved in the planning and implementation of continuing education at the regional level?

Data were collected from the Project Director by means of an interview and from the Regional Coordinators by means of group discussion. Data were also collected from a study of documentation.

Data Collected from the Project Director

Efforts were made to document the extent to which the Regional Coordinators of ISPCEN are involved in the planning and implementation of continuing education in nursing at the regional level. One means of providing this documentation was the ISPCEN Regional Report on Educational Offerings which is submitted on a monthly basis by each Regional Coordinator to the Project Director. This form was instituted for use in the middle of 1974, so until such data can be compiled for a complete year, an estimate of the amount of time spent in planning and implementing continuing education activities would be between 50-75% of each Coordinator's time. Refer to Exhibit C for a presentation of the ISPCEN Regional Report form (page 36).

Data Collected from the Regional Coordinators

One group of Regional Coordinators responded to the question by merely stating: "60%." The other group noted that they are becoming increasingly involved and are having a major impact, "...major portion of coordinators time spent in planning and implementation and assisting others in planning."

Data Collected from Analysis of Documentation

Exhibit C on page 36 presents the form utilized to gather data concerning the planning and implementation of continuing education at the regional level. Exhibit D on page 37 presents the data. The information on page 38 will assist the reader in the interpretation of the data presented in Exhibit D.

Question # 3: Has special training in adult education processes and procedures been provided for Regional Coordinators? When? Where? How many Regional Coordinators have participated?

Data for this criterion question were collected from Professor Charlotte Carlley, Division of Continuing Education in Nursing, Indiana University, by means of an interview, and by means of analysis of documentation.

Data Collected from Professor Carlley

Five short term courses on "Adult Education Processes and Procedures" have been conducted by the Division of Continuing Education of the Indiana

EXHIBIT C

ISPCEN REGIONAL REPORT ON EDUCATIONAL OFFERINGS

REGION__________ MONTH and YEAR__________ PERSON COMPLETING FORM______________________________

NAME OF PROGRAM	NO. OF CONTACT HOURS	MAX. #. OF PART.	NO. OF NURSES ACTUALLY ATTEND.		APPROVED FOR CEU AND NUMBER		SPONSOR	FEE
			R.N.	L.P.N.	YES	NO		

EXHIBIT D

CONTINUING EDUCATION IN NURSING OFFERINGS - Region by Region

1974

REGION	1	2	3	4	5	6	7	8	9	10	11	12	13	14
I	3065	983	16/767.5	14/735	---	4/32	603.9	595	229.4	80/137.6	1565	549+	775	91,950
II	2008	521	12/241+	10/241	---	2/?	821.5			226/202	1023.5	1030	804	60,240
III	2777	746	25/338	24/341	1/5	---	877	226	---	688/ 655.4	1758.4	1251+	2456	83,310
IV	1229	188	12/125/5	11/122	1/.3	0	68.6	455.5	---	---	524.1	?	764+	36,870
V	995	255												29,850
VI	1736	827	8/142	8/142	---	---	384.9	---	---	65/575	442.4	233	302+	52,080
VII	782	349	10/379	10/379	---	---	1160	---	---	211/ 256.6	1416.6	371	560	23.460
VIII	5154	1785	61/ 3174.3	39/ 1100.8	11/ 81.5	11/ 1992	2956.3	741.2	2388.2	95/34.9	6085.7			154,620
IX	464	121	5/65	5/65	---	---	48.9	165	---	181/ 107.8	394.9	?	454	13,920
X	467	178											2889	14,010
XI	492	210	5/82.5	5/82.5	---	---	184.7	---	---	33/50.2	234.9	143	176	14,760
XII	269	61	1/5	1/5	---	---	20	---	---	---	20	40	40	8,070
XIII	2012	667	17/252	3/39	3/39	11/174	412.3	---	870.9	350/ 319.2	1190.1	2148+	2431+	60,360
XIV	557	170	4/38	3/31	---	1/7	46	700	113.4	4/4	879.6	?	787	16,710
TOTALS	22,007	7061	176/ 5609	133/ 3288.3	16/ 125.3	29/ 2205+	7583.6	2815.5	3601	1933/ 2342.7	1542.1		12438	

NOTE: Region V and X not included since no report was filed.

Explanation of Columns - Exhibit D

1. Number of nurses maintaining an active registered nurse license in Indiana and residing in a county in a Region.
2. Number of nurses maintaining an active licensed practical nurse license in Indiana and residing in a county in a Region.
3. Total number of offerings listed by the region and the number of contact hours.
4. Number of offerings and contact hours approved for CEU.
5. Number of offerings and contact hours not approved for CEU.
6. Number of offerings and contact hours not reviewed for CEU.
7. CEU awarded with the number of participants known.
8. CEU awarded using maximum number of participants who could attend (actual number of participants not known).
9. CEU which could have been awarded if program had been reviewed or approved.
10. Additional space available in continuing education offerings (maximum minus number attended) and additional CEU which could have been awarded.
11. Potential CEU available in a Region, CEU actually awarded, CEU which could have been awarded if offering reviewed or approved plus CEU which could have been awarded had all spaces been filled.
12. Total attendance at continuing education offerings.
13. Maximum attendance available.
14. Total contact hours needed if each nurse had 30 contact hours (using 1972 numbers).

University School of Nursing. These short courses were conducted by Charlotte A. Carlley or under her supervision by doctoral candidates in adult education.

The participant registration forms for the five courses were reviewed and the following Regional Coordinators/Chairpersons have been identified as participants in the aforementioned courses.

Data Collected from Analysis of Documentation

Region I	Mary Ellen Meade	January 8-10, 1973 February 13-14, 1973 March 21-22, 1973
Region II	Kathryn Ponzo	January 8-10, 1973 February 13-14, 1973 March 21-22, 1973
Region VII	Maryanne Roehm	January 8-10, 1973 February 13-14, 1973 March 21-22, 1973
Region VIII	Jean E. Schweer	January 8-10, 1973 February 13-14, 1973 March 21-22, 1973
Region XIII	Thelma Brittingham	April 2-4, 1973 May 10-11, 1973 June 21-22, 1973
Region VI	Kathryn Fitzpatrick	April 2-4, 1973 May 10-11, 1973 June 21-22, 1973
Region VIII	Sharon Isaac	April 2-4, 1973 May 10-11, 1973 June 21-22, 1973
Region III	Doris Mack	February 19-21, 1974 March 19-20, 1974 April 23-24, 1974
Region II	Elaine Lochmardy	September 23, 24, 25, 1974 October 21, 22, 23, 1974

Region XII	Sandra Burgner	February 24, 25, 26, 1975 March 24, 25, 26, 1975
Regions XI, XII, XIV	Faye Peters	February 24, 25, 26, 1975 March 24, 25, 26, 1975

Question # 4: To what extent have Regional Coordinators been established in higher education institutions and to what extent do higher education institutions serve as Regional Centers?

Data for criterion question # 4 were collected by means of an analysis of documentation.

Documentation

Regional Coordinators have been established in higher education institutions in seven regions from January 1, 1974 through July 1, 1974. An additional Regional Coordinator was established in a higher education institution on July 1, 1974. Two additional Regional Coordinators will be established in institutions of higher education after January 1, 1975. Documentation from the files of ISPCEN indicates the willingness of higher education institutions to serve as ISPCEN Regional Centers. The attached letters of commitment detail which institutions serve as Regional Centers and the extent of their commitment (Cf. Appendix C).

Question # 5: To what extent have geographical areas of "educational poverty" among nurses been identified? What is being done to organize resources to meet educational needs in these regions?

Evaluative data for this question were forthcoming from the Regional Coordinators who, in two groups, discussed the question and formulated responses, and were collected by means of analysis of documentation.

Data Collected from the Regional Coordinators

The following are the verbatim responses to the question from both groups:

"No region is in an area of educational poverty but may be limited in number and availability of resources. Group felt that question was poorly worded; intent was not clear. Group felt that a better question would be what changes have occurred in your region in the past two years concerning continuing education offerings."

"Assumption --- 'educational poverty' refers to continuing education for nurses. Less than when ISPCEN started, more continuing education offerings, more geared to needs of nurses, offerings in more convenient locations."

Documentation

Because of the difficulty inherent in attempting a definition of "educational poverty," none is attempted. The concept of regionalization in ISPCEN is an attempt to coordinate the continuing education resources evenly across the state, thus avoiding the contrast of areas of educational plenty to areas of educational poverty. The regional map (page 42) indicates the extent to which ISPCEN is represented in regions across the state.

Question # 6: To what extent are existing independent learning laboratories in the regions utilized for supervised, independent study courses?

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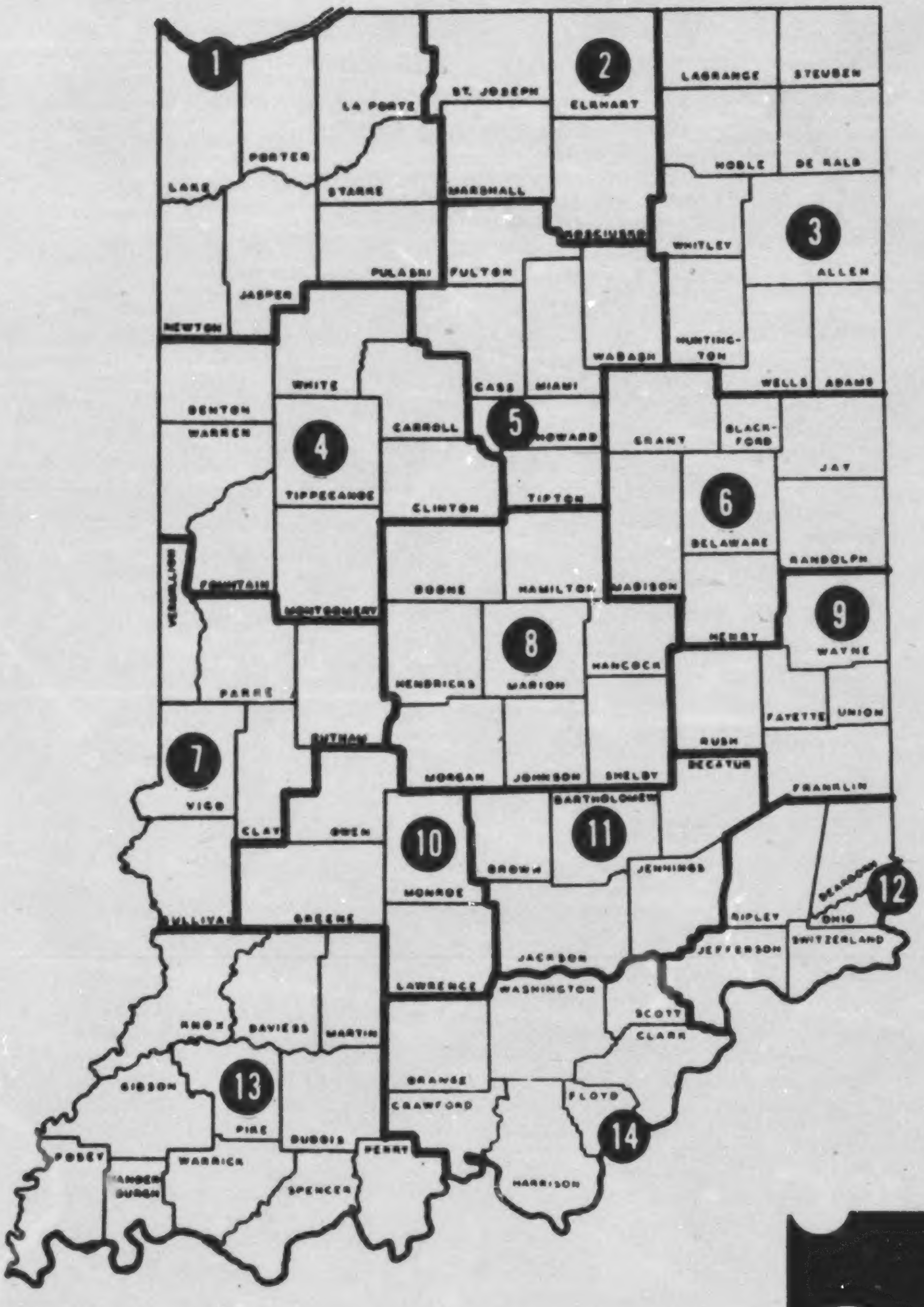
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DEARBORN
RIPLEY
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SULLIVAN
GREENE
JEFFERSON
SWITZERLAND
JACKSON
LAWRENCE
WASHINGTON
SCOTT
KNOX
DAVIESS
MARTIN
CLARK
GIBSON
PIKE
ORANGE
CRAWFORD
FLOYD
POSEY
DUBOIS
PERRY
VANDERBURGH
WARRICK
SPENCER
HARRISON

Region 1
  I. U. Northwest,
  Gary, Indiana
Region 2
  Goshen College
  Goshen, Indiana
Region 3
  Purdue University
  Fort Wayne, IN
Region 4
  Purdue University
  W. Lafayette, IN
Region 5
  I. U. Kokomo
  Kokomo, Indiana
Region 6
  Ball State Univ.
  Muncie, Indiana
Region 7
  Indiana State Univ.
  Terre Haute, IN
Region 8
  I.U.P.U.I.
  Indianapolis, IN
Region 9
  I. U. East
  Richmond, IN
Region 10
  Bloomington, IN
Region 11
  IUPUI - Columbus
  Columbus, IN
Region 12
  Lawrenceburg, IN
Region 13
  Univ. of Evansville
  Evansville, IN
Region 14
  I.U. - Southeast
  New Albany, IN

Special Note

A study of the use of existing independent learning laboratories in the ISPCEN Regions was undertaken by the Learning Lab Task Force in September, 1975.

No documentation is available at the present time to determine the extent to which existing learning laboratories in the regions are being currently utilized for continuing education in nursing.

Question # 7: What evidence can be adduced to indicate the process of organizing ISPCEN has been evaluated?

Data sources for this question were: 1) the Regional Coordinators and 2) ISPCEN records. Data was gathered from the Regional Coordinators using the technique of group discussion.

Data Collected from the Regional Coordinators

The two discussion groups filed the following responses: 1) "Generally none. Question grammatically unclear - what are you asking?" 2) "Evidence found in various minutes and reports but not readily available or compiled in a document as an evaluation of the organization."

Documentation

In addition to the formative evaluation of the ISPCEN organization being conducted by the consultant, Leon McKenzie, various other means have been employed to evaluate the process of organizing ISPCEN.

Formation of several ad hoc committees, task forces, etc. have resulted from the realization that the two bodies organized within ISPCEN - the Board of Directors and the Coordinating Council - were unable to accomplish the process of organizing ISPCEN in addition to coping with practical issues which required resolution within immediate time constraints. The work of the ad hoc committees resulted in recommendations to the two working bodies within the organization, and, in essence, provided an evaluation of the process of organization of the project. An example concerns the definition that each member of the ISPCEN Board of Directors should serve as a liaison between ISPCEN and the organization that Board member represents. The Communication Task Force recommended guidelines to be followed by each Board member in communicating with ISPCEN about her organizations concerns relative to ISPCEN. That the Communication Task Force felt it necessary to develop these recommendations speaks to an evaluation of the process of organizing ISPCEN in that the process of organizing ISPCEN was not providing a structured avenue of communication between ISPCEN and the several nursing organizations represented on ISPCEN's Board of Directors.

In addition, methods of accomplishing various functions within the organization are constantly undergoing review and revision. Again an example; one of the functions of the ISPCEN Regional Coordinators is to establish a Regional Review Committee to review applications from sponsoring agencies for continuing education activities for the approval to award CEU. This review process should be consistent across the 14 regions in the state. Guidelines were established and have been revised periodically after evaluation by an ad hoc committee indicated that the process of organizing the ISPCEN Review Committees was ineffective in obtaining consistency in the review process.

Question # 8: What instrumentalities, tools, and techniques have been developed for evaluating the relationship between continuing education offerings and improved health care services?

In response to this question data were sought from the Regional Coordinators.

Data Collected from Regional Coordinators

The following responses were obtained from Regional Coordinators by means of a questionnaire.

"Presently Dearborn County Hospital is comparing audit information to nursing staff needs in developing their In-Service programs."

"None at this point in Region IV although the two hospitals in the immediate vicinity have increased the educational offerings being given to their own staff. But there are no statistics at this time to show this."

"Questionnaire for participants of courses and/or questionnaire for agencies where participants are employed; daily evaluation of courses; final evaluation of courses."

"To my knowledge nothing has been developed."

"None as yet."

"Specific Likert scale evaluation tools have been developed for every unit of instruction for I.U.'s geriatric course."

"None thus far."

"Follow-up on Trans-analysis workshop."

"The review committee of Region 13 requests each sponsor of offerings applying for CEU approval to build into their offering an evaluation follow-up at 3 month or 6 month periods. This committee is asking for pertinent information in relation to these evaluations."

"Nothing structured that I am aware of."

"Follow-up (short term and long term) from participants and agencies."

"An evaluation was mailed to directors of health agencies in order to determine if nursing care given by the staff nurses improved as a result of the nurses attending one of our course offerings, 'Home Management of the COPD Patient.' Evaluation will be sent to directors three months following the completion of the course to allow a reasonable amount of time to lapse in which staff nurses can apply knowledge learned.

Survey questionnaire developed and sent to nurses who had attended one or more courses offered by Indiana University Northwest Continuing Education Program. Several questions alluded to whether, in their opinion, nursing care had improved as a result of attending courses."

"The only effort made to determine the relationship between continuing education offerings and improved health care services in Region XI is a follow-up questionnaire to participants in an educational offering. This was sent six months after the offering. Nurses were requested to indicate the following:

a. How concepts learned in the offering were shared with co-workers,
b. how the offering had helped them in working with patients, patients' families and co-workers.
c. a space to make other comments and suggest topics for future educational offerings."

"Various tools and techniques have been developed and used by different sponsors. I am not at all sure that they are evaluative of 'the relationship between continuing education offerings and improved health care services.'

a. Surveys to determine interests and needs through group meetings of Regions VI and IX, and through final evaluation sheets of current offerings have been utilized.

b. All sponsors have produced some type of fill-in sheet used at the final session. Ball State University has used the type attached for all courses.

c. Occasional comments have been made by employers and nurses themselves regarding the helpfulness of certain courses.

d. To my knowledge consumers, patients/clients have had no part in any evaluation of an organized nature."

"Question # 9: To what extent has ISPCEN coordinated the planning and implementation of continuing education courses at the intra-regional and statewide levels?

The sources for data were the Regional Coordinators, by means of group discussions, and ISPCEN records.

Data Collected from the Regional Coordinators

Each of the discussion groups provided a response: 1) "The group feels that this is in the beginning stages and will continue to develop and grow. Promising Point!" 2) "First year has helped to break down barriers, more planning being done at a statewide level for the implementation at the regional level, more sharing among the regions, calendar has helped to make nurses aware of programs offered in the various regions. The group expects this activity to increase greatly in the next two years."

Documentation

ISPCEN Annual Report, 1974

The Statewide Plan is concerned with the coordination of continuing education activities. Two opportunities for statewide coordination arose during this first project year and both were utilized to advantage.

1. "Occupational Health Nurse: Employee Mental Health" course.

In early 1974, Jean Schweer, Director of the Division of Continuing Education Department, Indiana University School of Nursing and ISPCEN Regional C ordinator, Region VIII, was approached by Gertrude Neff, Occupational Health Nurse Educator, National Institute for Occupational Safety and Health in an attempt to assess the interest of the Indiana University School of Nursing to make the course, "Occupational Health Nurse: Employee Mental Health" available to occupational health nurses in Indiana through the Division of Continuing Education.

After some preliminary investigation, Prof. Schweer recognized the potential for having the course coordinated through ISPCEN and made available on a statewide basis under the auspices of the Regional Coordinators.

Accordingly, an agreement was set up between the National Institute for Occupational Safety and Health and six Regional Coordinators for offering the Occupational Health Nurse: Employee Mental Health course to approximately 100 occupational health nurses over a one year period, (1974-1975) under the coordination of the Project Director of the Indiana Statewide Plan for Continuing Education in Nursing.

The participating Regions are:

Region I	Indiana University Northwest - Gary, Indiana
Region II	Goshen College - Goshen, Indiana
Region III	Purdue University - Fort Wayne Campus
Region VII	Indiana State University - Terre Haute, Indiana
Region VIII	I.U.P.U.I. - Indianapolis, Indiana
Region XIII	University of Evansville, Evansville, Indiana

The Occupational Health Nurse: Employee Mental Health course is a three part programmed instruction training package presenting sections on the academic mental health concepts, interviewing and counseling skills development, and crisis intervention in special problem situations applicable to occupational health nursing practices.

The course functions as an independent study program, but the addition of seminars periodically during the course administration provides guidance and feedback to participants.

Each Regional Coordinator has appointed a seminar instructor who is a content expert in psychiatric-mental health nursing and who is responsible for conducting the seminars.

Several planning meetings were held to discuss the administration of the Occupational Health Nurse: Employee Mental Health course. Criteria for admission were established, forms were standardized for registration, evaluation, attrition, etc., to expedite coordination.

The Occupational Health Nurse: Employee Mental Health course was reviewed by the Region VIII Review Committee and awarded ten CEU with additional CEU to be awarded in each region for the additional contact hours required through participation in the seminars.

To date, three ISPCEN Regions have begun the Occupational Health Nurse: Employee Mental Health course, and the other three ISPCEN Regions plan to offer the course at the end of this year or the beginning of next year.

2. "Emergency Department Nursing" course.

In early spring of 1974, the Project Director was asked by the Indiana State Nurses' Association Conference Group on Emergency Department Nursing to assist with the planning of a one day workshop on Shock to assure that the workshop would meet the necessary criteria for CEU.

The topic for the workshop was chosen on the basis of survey results done by this Conference Group on the continuing education needs of Emergency Department nurses across the state.

The Project Director suggested that ISPCEN and the Conference Group work together to plan a course for Emergency Department nurses based on further needs for continuing education expressed in the survey.

Meetings have been held with representatives of the two groups since early summer. Three physicians serve as consultants and a member of the Governor's Commission on Emergency Medical Services has been added to the Task Force on developing the course.

The content of the course is based on the proposed Standards for Emergency Department Nursing developed by the Conference Group and patterned after the Standards of Nursing Practice developed by the American Nurses' Association.

The purpose of the course is, "to improve the care being provided in emergency situations through a continuing education course which will provide an opportunity for nurses to acquire new knowledge and skills and further develop existing skills."

The course content includes six Modules:

Module I	Emergency Department Nursing
Module II	Skills
Module III	Immediate Life-Threatening Situations
Module IV	Urgent Situations
Module V	Less than Urgent Situations
Module VI	Emergency Room Management

Special attention will be given to nursing assessment and to nursing intervention throughout the course.

Teaching-learning methods to be used include lectures, handouts, simulated experiences, demonstrations-return demonstrations, and supervised clinical experience.

Several Coordinators, in addition to those on the Task Force for developing the course, have expressed interest in providing the Emergency Department Nursing course in their regions.

The course is planned for completion in Spring of 1975. It will be five weeks in length but divided so that each module will be taught in one week followed by a three week lapse, so that the entire course would be spread out over a five month period of time.

Question # 10: What packaged courses have been disseminated to the regions and what materials have been supplied and/or circulated to the learning laboratories? In what ways was ISPCEN involved in this process?

Data were gathered, in response to this criterion question, from the Regional Coordinators.

Data Collected from the Regional Coordinators

The following data regarding packaged courses, materials, and ISPCEN's involvement in these areas were collected from questionnaires to the Regional Coordinators:

"Industrial Nursing offering --- ISPCEN initiated. I have not seen the materials."

"Occupational Health Course, complete supplies."

"I am unable to answer this question at this time."

"Course on Death and Dying. Bibliography. Material for course was made available by Regional Coordinator."

"One packaged course available. Intended to use, but did not. Circulated the theory. ISPCEN made me aware of the offering."

"None. But one agency has offered to share one program which has been built around a TV tape with other agencies in the region. To this date, ER Nursing course has not taken hold in this area. Time off for staff cannot be managed seems to be the reason."

"An Emergency Room course was developed by ISPCEN and ISNA Conference Group for Regional use. However, we have not been able to utilize the course in relation to our small County Hospital. However, they are at present working on a 'School Nurse Program,' also in conjunction with the ISNA Conference Group, which we hope to utilize in our area."

"Region I is one of the regions participating in offering the course, 'Occupational Health Nurse and Employee Mental Health,' a packaged programmed instruction offering co-sponsored by ISPCEN and The National Institute for Occupational Safety and Health."

"Region 13 is cooperating with ISPCEN and is offering the Occupational Health Nurse and Employee Mental Health in our region.

Region 13 coordinator is a member of the Task Force for developing a Course Emergency Department Nursing. This course is to be offered throughout the state and Region 13 will offer this.

Region 13 Coordinator and a School Nurse from this area are members of a Task Force exploring the need and capabilities for a state-wide offering for School Nurses."

"Columbus Center, IUPUI has no learning laboratory as such. I am not aware of packaged courses being utilized in the Region with the exception of ROCOM being utilized as a supplement for coronary care courses in two of the Region XI Hospitals. We are attempting to make slides and tape cassettes available of one part of a program we are currently conducting in Region XI. If this is successful, the tapes and slides will be on assessment of children. This is very difficult with no audiovisual staff -- just a consultant. Region XII has not done any of this to my knowledge. Region XIV probably has the best capability for this but to my knowledge have not packaged any programs."

"Occupational Health Nurse--Employee Mental Health programmed instruction has been disseminated. Emergency Room Nursing Course has been developed to be offered in any region. ISPCEN worked with National Institute of Occupational Safety and Health and the Emergency Room Conference Group of the I.S.N.A.

The NIOSH course, OHN-EMH, a programmed instructional course consisting of a seven (7) volume package is divided into three parts.

The three part course contains:

1. Academic content of current mental health concepts.
2. Skill development of interviewing and counseling techniques presented in the practice sections using an audio tape cassette.
3. An application of the above principles to situations in the industrial setting.

During the course, seminars are offered to the participants. Pre and post tests are given for each unit.

Emergency Department Nursing course outline has been developed in modules.

Module I	Overall emergency medical system
Module II	Skills
Module III	Immediate life threatening situations
Module IV	Urgent
Module V	Less urgent
Module VI	Emergency Department management

The course is taught by methods of lecture-discussion, demonstrations and practice."

"The packaged course for occupational health nurses was offered but seemed that interest was too sparse in Region VI and Region IX to pursue. The "packaged courses of the American National Red Cross to prepare group leaders (RN's) for expectant parents class leadership were taught in Anderson and will be taught in Muncie through authorized personnel.

The course "Charge Nurse Course for LPN" developed for NFLPN was offered once in 1973 and is now being taught through BSU starting April 8, 1975."

Question # 11: Have any non-credit courses been approved for credit by an educational institution? Has any student attempted to receive credit approval for non-credit courses?

The data source for this question were the Regional Coordinators, by means of group discussions.

Data Collected from the Regional Coordinators

Two responses to the question were furnished by the discussion groups: 1) "Very minimum, the reverse is beginning to be done, however, taking a credit course and giving it no credit." 2) Inconsistent between Regions. Should be worded non-academic credit since CEU are being given."

Question # 12: What is the state of development of course offerings for teams of interdisciplinary health care professionals?

The data source for this question were the Regional Coordinators, by means of group discussions.

Each of the discussion groups formulated a response: 1) "Question is a problem with the term 'teams' in the question. If you mean teams -- very minimum. Suggestion -- give an example of what you mean by the question. Required teams sent to a continuing education offering -- none. Offered continuing education offering for teams -- minimum. Interdisciplinary continuing education offering -- some." 2) Increasing -- ISPCEN has helped to break down the barriers, other disciplines more aware of need for continuing education."

Question # 13: What are some possible future directions in the development of course offerings for teams of interdisciplinary health care professionals?

The evaluators collected data from: 1) members of the Board of Directors of ISPCEN (through interviews) and 2) the Regional Coordinators (by means of discussion groups).

Data Collected from the Board of Directors

One respondent suggested that such course offerings have a very definite future and would meet a real need. Nurses need to be prepared for "collaborative teamwork." Another respondent indicated that such course offerings were a "good idea" but there was a need for some kind of initiating effort. "About 25% of all of our course offerings should be interdisciplinary," said another interviewee. "The whole health field must eventually go this way." The same respondent stated that there was a need for education to convince people of the necessity of interdisciplinary efforts.

Many nurses plan interdisciplinary courses already, indicated a respondent.

They then open the courses to non-nurses. What is needed at this stage, she continued, is collaborative planning, a resource base, and a financial base. The respondent said that there was a great need to work more with medical continuing education.

A respondent said that the possibilities for such courses are good, but "we haven't tapped the opportunities." "Nurses haven't taken the initiative. We need interdisciplinary courses in public health, critical care, emergency medical, maternal and child health, mental health, and geriatrics." "Nurses have become so involved in getting their own house in order, they haven't acted more aggressively." It was also noted by the respondent that various organizations already implement interdisciplinary courses.

Still another respondent speculated that the right to "territorial domain" is strong among health care professionals. She noted that people must recognize an overlapping of responsibility in health care. The "territorial domain" syndrome came about "out of a need to be accepted as professionals." More nurses need to be available for planning interdisciplinary courses and they need to shed some attitudes about the uniqueness of nursing.

One respondent stated that the Board of Directors of ISPCEN should consider the question in greater detail. "When we review courses we should determine if other disciplines could benefit. We could then invite them."

Another respondent suggested that people from different fields in health care should be involved in the planning of interdisciplinary courses. Finally, a respondent suggested that too many courses were designed for R.N.'s exclusively. Courses should have a broader base of appeal.

Data Collected from the Regional Coordinators

The two discussion groups filed the following responses: 1) "This question is really not part of the evaluation but what should be done to correct question?" 2) "Need to have exploration at the State level with other groups to determine future development in continuing education and recognition for continuing education. Need to have other disciplines involved in the planning committees."

Question # 14: To what extent has a system for the use and recording of continuing education units (CEU) been established?

The data source for this criterion question were the Regional Coordinators.

Data Collected from the Regional Coordinators

The following data were collected from Regional Coordinators by means of a questionnaire:

"Our CEU are systematically recorded by our Regional Coordinator at the IUPUI Columbus Center."

"Each agency is keeping its own records of CEU awarded. The Regional Chairperson plans to collect data on numbers attending programs."

"CEU system review committees established; reviewed all 1974 courses according to ISPCEN standards; began record system, but not in university, as yet."

"Each individual keeps his own record of CEU earned. The second copy of the individual record of CEU granted for a program is kept on file by the sponsoring agency. A central place for recording CEU for all nurses has not been established."

"Region VIII has had a review committee since March, 1974."

"A record of participants is kept in the Continuing Education office and the CEU each person received."

"All records of CEU are filed at IUPUI Center -- Columbus."

"We require a written statement from sponsoring agency stating they will maintain records of all CEU awarded."

"Sponsors and participants maintain records."

"The individual attending an educational offering approved for CEU is given a CEU award -- a copy is kept by the sponsor. In Region IX IU East keeps an additional copy; in Region VI BSU in the coordinator's office has a listing of personnel attending. BSU School of Continuing Education keeps track of all BSU Continuing Education offerings."

"ISPCEN developed a Continuing Education Record of CEU.

"All three Regions XI, XII and XIV have CEU Review Committees. Courses have been reviewed and approved in all three Regions. Columbus Center, IUPUI has maintained records for all programs approved by the Region XI Committee and will do the same for Region XII. A card system has been established for each nurse who has attended an offering approved for CEU and each additional offering she attends is added for a cumulative record. In meetings with Region XI and XII nurses, they have been informed that if they attend an offering out of these Regions and would like Columbus Center to maintain a copy, they can just send us a copy. We are small enough to handle this at this time and, hopefully, when a centralized system is developed we will be able to provide the necessary records for nurses in these Regions. Region XIV records are maintained at IU Southeast for offerings which they sponsor or by the sponsor if this is not IU Southeast."

"The University of Evansville and The School of Nursing is using and recording CEU. The Regional Review Committee is evaluating and approving offerings for CEU."

"Sponsors of courses approved for CEU by the Region I Review Committee are responsible for keeping CEU records for each participant. At the present time sponsors sign a contract indicating they accept this responsibility."

"Question # 15: What strategies have been utilized for the ongoing identification of the educational needs of nurses relative to the emerging health care needs of the public?

Data were collected in response to this question from Regional Coordinators.

Data Collected from the Regional Coordinators

The following data concerning the identification of educational needs of nurses was collected from the Regional Coordinators by means of a questionnaire. Here are the responses to the criterion question:

"Regional Continuing Educational Committee meetings. We are anticipating county subcommittees."

"Various strategies are being employed by several sponsoring agencies, i.e., question on evaluation forms of educational offerings re: needs for future programs, polling staff within employing agency, areas of weakness demonstrated through patient record audits."

"Survey sheets have been sent to all licensed personnel in a 5 county area."

"Various subcommittees have been developed in Region VIII to develop a mechanism for the identification of needs."

"A master priority list was compiled from the results of a questionnaire to identify individual needs of nurses in the area. The list will need to be updated periodically."

"Indiana State University faculty survey of their opinions; Regional Committee members; various agencies; various instructors; various levels of education; District # 3, Continuing Education committee; upon completion of each offering participants are asked about their needs."

"None. Each agency utilizes various methods of questioning the Nurse population."

"Individual nurse surveys - a questionnaire of both professional information and nursing area interests was sent to each nurse in our region. Approximately 380 sent, 86 returned. Nursing audit information - used by nursing administration in developing In-Service program, which in turn submit programs for CEU. Comprehensive Health Care Studies - give information concerning health needs and trends."

"BSU continues a longitudinal study and I.C.O.N. follow-up with its graduates and their employers. Materials from the Health Department, Department of Vital Statistics gives some helpful information as does some material available through graduate studies for Eastern Indiana. Studies of employers in at least two studies indicate emphasis needed for leadership positions in nursing (one basis for starting a masters program at BSU)."

"Participants are asked to define educational needs on the evaluation given at the conclusion of each course.

Region I Committee members periodically indicate educational needs of nurses."

"The Task Force for the Master Plan on Continuing Education should provide data for the ongoing identification of educational needs relative to the health care needs of the public."

"The largest population of nurses in our region are in the geographic area of District 4 of ISNA. This group does an on-going needs survey. In addition all members of Region 13 committee are now involved in a regional survey of needs. All this information is channeled to Region 13 center."

One respondent submitted the following list:

a. information provided by participants attending an offering through the evaluation completed by each participant.

b. the follow-up evaluation for one educational offering

c. a "needs survey" has just been completed in Region XII

d. visits to directors of nursing in health care facilities

e. meetings with nursing groups

f. Regional Committees

Question # 16: To what extent have Indiana nurses been provided with a calendar of continuing education events?

Data Collected from the Regional Coordinators

The following data were gathered vis-a-vis the calendar of continuing education events:

"Regionally, every health-care facility received a quarterly calendar of events program for the Region and surrounding Regions. Also, every nurse in the Region received a program notice on our Region XII ISPCEN sponsored program. I believe on a state level most Regional health-care facilities receive a statewide calendar of events each quarter of the year."

"The calendars have been duplicated by Purdue University Nursing Department and distributed to members attending committee meetings; copies have been delivered by hand when faculty members go out to an agency but mailing costs seem prohibitive for other distribution."

"Several agencies in Region 7 responded to ISPCEN's invitation to submit and receive calendars. Region 7 Coordinator regularly circulates Region 7 calendar with offerings from Statewide calendar which might be of some interest."

"Monthly and quarterly calendars of continuing education events in the state are provided each hospital (if desired), regional coordinator, and regional chairperson."

"Nurses in Region VIII have been made aware of the calendar and what is on it by their representative on the Region VIII committee."

"Coordinators of Regions send calendar of continuing educational courses to each facility - Director of Nursing puts on bulletin boards. News items on courses offered appear in local papers. State Board of Health also provides calendars to all facilities.

"This is being compiled and provided to institutions, health agencies, members of regional committees, and others on request. State ISPCEN group is doing this. Nothing is done on local level that I am aware of --- except that each person receiving a copy is expected to share it with others who are interested."

"Uncertain. Was offered to all health agencies."

"Calendars for Region XI, XII and XIV are published about every two months. These are mailed to Directors of Nursing in health facilities or agencies with a request that they be posted for their nursing staff. In addition to programs being conducted in these three Regions, other Indiana programs are listed when this information is available. Nursing directors in surrounding Regions (VIII, IX, X) have been added to our mailing list at their request. In addition, a brochure on all four offerings being held at Columbus Center in the Spring of 1975 was mailed to 1310 LPN's and RN's and health care facilities in December 1974. This brochure contained a complete description of all offerings, registration deadline and registration forms. These brochures were available to nurses four weeks prior to the deadline for registration for the first program and ten weeks prior to the deadline for registering for the last program. By publishing all offerings for one semester in one brochure, nurses and health care facilities know well in advance what is offered and can make a choice."

"The mechanism is established to supply quarterly information to health agencies and organizations. At this point in our development employers or heads of agencies are responsible for dissemination to individual nurses."

"A list of names and addresses of approximately 220 agencies in Region I were submitted to ISPCEN for the purpose of determining which agencies were interested in participating in the development and/or use of a "Calendar of Events." One calendar was completed and sent late last year and from feedback I obtained, several nurses in these agencies had not seen the calendar.

Hopefully, this problem has been rectified and nurses in these particular agencies will have the opportunity to see and use the calendar."

"Calendars of Continuing Education Events do not reach all nurses.

Region VI - Ball State University sends an institutional mailing of BSU courses plus some private mailing to those asking for them or indicated by steering committees as being desirable.

This list is provided sponsors who wish to mail. Sponsors in Region VI have a great difference in mailing lists.

The new combined calendar has been made available only selectively to committee members and with coordinators.

Region IX - Does an individual mailing of offerings through Region IX."

Documentation

(Cf. Appendix D).

Question # 17: What are the strengths of ISPCEN at this point of the development of the project?

Data were obtained from the Board of Directors of ISPCEN, by means of interviews, and from the Regional Coordinators, by means of group discussions.

Data Collected from the Board of Directors

A respondent suggested that the largest strength was the fact the nurses "...have a structure which serves to coordinate continuing education." Learning from one another," was listed as another strength. ISPCEN offers the opportunity for many talented people to get together to work on common problems. "The people involved are dynamic and good in the leadership role," stated another interviewee.

Another respondent indicated that the statewide approach is a "...realistic way of looking at problems." ISPCEN represents "...an actual demonstration that various nurses from different parts of the state and from different programs can do things collaboratively." One respondent said that "...the three people who initiated the plan should be given quite a bit of credit." Another said that the regional approach "...reaches the grass roots." There is "...involvement at all levels."

One respondent listed several strengths: 1) Organization at the regional levels has exceeded expectations; 2) the universities and regional campuses have committed themselves to the project; 3) there is an increased number of course offerings around the state; 4) ISPCEN is meeting the needs expressed by the nurses; 5) ISPCEN has contributed to a better working relationship between universities and hospitals; 6) ISPCEN has contributed to better working relationships among all concerned agencies.

Another respondent added an additional list: 1) the grass roots are more involved in continuing education; 2) many people have been involved in the decision-making process regarding continuing education; 3) a sound foundation has been laid for the future; 4) the organizational structure is valuable.

"The fiscal resources available through the Kellogg Foundation enabled the recruitment of a capable, strong staff," said one respondent. She stated that ISPCEN has facilitated the cooperation of other nursing associations. The support of the colleges and universities through the state was pointed out as a strength. Also, interested and competent nurses were recruited throughout the state "...to participate in the planning."

ISPCEN "...is doing a great job of implementing its goals," said one respondent. "ISPCEN identified timely priorities and pursued them." ISPCEN was singled out by a respondent as "...one of the best programs in the nation for the state-wide coordination of continuing education." Again it was suggested that ISPCEN has reached out throughout the state to meet the needs of nurses.

Another interviewee stressed that ISPCEN "...is helping everyone work together." "ISPCEN is recognized as a speaking voice for state-wide continuing education." One of the greatest strengths, it was noted, was a "...full-time project director and the regional coordinators." The acceptance of ISPCEN by various professional organizations in nursing was identified as a strength.

Finally, one respondent stated she did not know any strengths of ISPCEN.

Data Collected from the Regional Coordinators

The Regional Coordinators addressed the question in two discussion groups. Here are the responses of the discussion groups:

1. Broad representation of grass root levels. Development of an awareness that continuing education is an expectation. Acceptance of importance of continuing education by institutions of higher education. Freedom for fresh, creative approach atmosphere for continuing education.

   Regional approach:

      Developing awareness of adult education.

      Consumer involvement.

Voluntary basis.

Development of a mechanism for recognition of continuing education.

Numbers of Regional Coordinators.

Created improvement of existing continuing education offerings.

Ready for proposal for law of mandatory relicensure.

Beginning master plan.

Calendar of events.

2. Tends to foster cooperation and communication inter-regionally and intra-regionally. Created more interest in the need for continuing education with the rank and file. Improved quality in continuing education. Uniformity in procedures for reviewing and implementing continuing education.

Question # 18: What are the weaknesses of ISPCEN at this point of the development of the project?

Data were gathered from the Board of Directors, by means of interviews, and from the Regional Coordinators, by means of group discussions.

Data Collected from the Board of Directors

Interviewees noted several weaknesses of ISPCEN at its present state of development. A respondent indicated that there should be "...more cooperative planning with other agencies." There is resistance to the idea that the Indiana State Nurses' Association will eventually take over ISPCEN's functions. "Many people do not believe that ISNA is truly representative of nurses." When questioned further about these statements the respondent indicated that 1) It is not at all certain that ISNA will perform ISPCEN's functions in the future and 2) even if ISNA did supplant ISPCEN, this arrangement would not please everyone.

Another respondent suggested that a weakness is that nurses are aware that ISPCEN is not as effective as it could be. It was noted that there is no Regional Coordinator in the southwest part of the state; there are two or three different versions of the "story of ISPCEN." Another weakness: No one is sure how the transition of responsibility---from ISPCEN to ISNA---will take place or who will be responsible for recording CEU in the state.

"We focus more on CEU that course offerings," said one respondent. "The focus is wrong." Another respondent said that too many people are involved voluntarily. "The task is too large for volunteer, part-time people." After discussing the weaknesses of ISPCEN for a few minutes, a respondent stated "Because of ISPCEN health care in Indiana will be greatly improved ten years from now. We owe a debt of gratitude to the three gals who got this started. And we've had very effective leadership."

A respondent indicated that the biggest weakness of ISPCEN was that the review process for CEU was not standardized. This led to "...inconsistent interpretations of policy in the regions." "There are too many items on agenda of the coordinating council, and the coordinating council is too large." It was noted that too much time is taken in the discussion of problems. Also, some regional committees were not helping the Regional Coordinators, it was pointed out. A respondent qualified her remarks vis-a-vis the weaknesses of ISPCEN. "I do see progress. We are dealing with human beings, after all; there's bound to be some problems."

It was felt by a respondent that there should be much better communication between the Indiana State Nurses' Association and ISPCEN. There is a feeling which is quite widespread "...that the ISNA isn't listening very effectively."

An interviewee stated that there was a plan to involve LPN's and RN's "...in a coordinated planning endeavor, but the RN's predominate." She pointed out that this is perceived as a "natural tendency" and that she does not think that RN's planned a concerted effort for dominating ISPCEN. It was suggested that this may be remedied by scheduling a "joint Boards retreat" which would provide the opportunity for the Boards of different nursing associations to meet and identify problems and responsibilities.

Another weakness, according to a respondent: "Emphasis is being given to CEU when the approach should concern quality continuing education." "There is an inequity in the review of applications for CEU. Some regions have approved most courses; other regions were more discriminating." It was pointed out that some sponsors of continuing education go to certain regions for approval of course offerings since these regions are known to be lax.

A respondent suggested that ISPCEN should encourage more course offerings developed on a sequential basis; courses should build on prior learnings. The emphasis of continuing education is on "...the institutional nurse and less on nurses who care for ambulatory patients, nurses in public health, and nurses involved in preventing disease." "The system needs transportability of courses --- if Region I offers something very good, put it on elsewhere."

It was noted that "...a couple of regions are uncovered; there are no Regional Coordinators." Uncertainty about the future was identified as a present weakness. "The commitment from the universities seems to be wavering and unsure; there are possible budgetary problems down the road."

Finally, a respondent noted that there is a lack of teamwork in ISPCEN. Too many RN's and not enough LPN's are involved. Because of the focus of continuing education on the needs of RN's, many LPN's cannot participante. More LPN's should be placed on regional boards and on the state board. One respondent cited as a weakness the fact that many people "...don't know what will happen to ISPCEN after three years."

Data Collected from the Regional Coordinators

The Regional Coordinators met in two discussion groups. Summaries of each group are presented below.

1. Lack of consistency. Lack of movement for going with ISNA. Lack of packaged programs. Greater need for intra-region sharing. No organized efforts made to provide continuing education for expanded role nurses. Need for more expanded role programs. Need to identify continuing education offerings ability to expand the role of each individual nurse. Gap for evaluating recommendations to Commission on Higher Education --- all Coordinators not aware of these or implications of them. Communication-area of follow-up of some task forces, committees.
2. Still need to improve communications with nurses, sponsors and regions.
   Still do not have Coordinators in all regions.
   Still do not have committed support of the universities.
   Have not progressed far enough to meet the needs.
   Forced to fucus on Continuing Education Unit instead of on continuing

education offerings and the importance of Continuing Education.

Lack of master plan to provide true coordination.

How to turn over to ISNA.

No real system for maintaining records for nurses.

Conclusion

The data presented in this chapter, of course, have been digested from pages of notes, from written documentation, from hundreds of questionnaires, and from tapes made by the interviewer subsequent to the interviews. The chapter, however, reflects the substance of the data collected by the evaluators. Recommendations based on a lengthy analysis of these data will be made in the following chapter.

Chapter Four

Recommendations

The aim of this chapter is to record the recommendations made by the external consultant and the project director of ISPCEN. The chapter is divided into two parts. In Part One the external consultant comments on each of the criteria questions and offers recommendations for action regarding the ongoing development of ISPCEN; in Part Two the project director of ISPCEN states observations concerning each of the questions and itemizes recommendations regarding the continued growth of ISPCEN.

PART ONE

Question # 1: What is the impact of ISPCEN on active nurses in Indiana?

Commentary: It should be indicated that it is not one of the stated objectives of ISPCEN to make the project known through the explicit advertisement of the project's existence, its goals, and accomplishments. The impact produced by ISPCEN, therefore, is a consequence of the operations of ISPCEN regarding its stated objectives. This must be kept in mind if the data are to be interpreted realistically.

Although it is impossible to determine *a priori* what degree of impact ISPCEN *should* have on active nurses in Indiana, the writer was quite surprised that roughly 40% of Indiana nurses were aware of the existence of ISPCEN and over 10% were aware of being involved with the activities of ISPCEN. He was not surprised that fewer nurses were aware of the goals and accomplishments of ISPCEN since such an awareness calls for more specific information. In the light of the data, it appears that the impact of ISPCEN --- as a side effect of efforts by the Project Director and Regional Coordinators to accomplish stated objectives --- has been great.

Recommendations:

1. Continue the present course of activities in substantially the same manner as during the first year of operations.
2. Make an explicit effort to convey to Indiana nurses the goals and accomplishments of ISPCEN. Analysis of data suggests that many nurses associated ISPCEN only with a CEU program.

Question # 2: To what extent are the Regional Coordinators of ISPCEN involved in the planning and implementation of continuing education at the regional level?

Commentary: Data suggest that a major portion of the Regional Coordinators' time is spent in the planning and implementation of continuing education at the regional level. Exhibit D (page 37) is but a bland indication of the hard work that obviously went into the planning and implementation of continuing education in the regions.

Recommendations:

1. Continue the present pattern of operations.
2. Make a concerted and additional effort to plan and implement course offerings in Regions XII and XIV.

Question # 3: Has special training in adult education processes and procedures been provided for Regional Coordinators? When? Where? How many Regional Coordinators have participated?

Commentary:

A satisfactory number of Regional Coordinators/Chairpersons have undertaken programs of special training in adult education processes and procedures. Based on his familiarity with adult education in the state of Indiana, the writer knows of no other group of professionals in the state who have sought out expertise in adult education processes and procedures to the extent manifested by Indiana nurse-educators. Nor is he aware of any group of persons associated with a state-wide project, other than the Regional Coordinators of ISPCEN, that has shown such determination in pursuing advanced competencies in the professional field of adult education. However, documentation does not reveal that all of the Regional Coordinators of ISPCEN have had special training in adult education processes and procedures.

Recommendations:

1. Regional Coordinators who have not been specially trained in adult education processes and procedures should enroll in either special workshops and/or graduate courses in adult education.
2. Regional Coordinators who have been specially trained in adult education processes and procedures should sharpen their competencies through auto-instructional techniques (reading, listening to audio tapes, etc.) and through participation in mini-seminars in adult edu-

cation conducted by the Project Director.

3. In case of a change of personnel in the body of Regional Coordinators, incoming Regional Coordinators should assign top priority to their own special training in adult education processes and procedures.

Question # 4: To what extent have Regional Coordinators been established in higher education institutions and to what extent do higher education institutions serve as ISPCEN Regional Centers?

Commentary: Documentation reveals that higher education institutions in Indiana have thus far participated in the ISPCEN project in a satisfactory manner. However, the writer has inferred from various remarks made to him during the course of the evaluation that the commitment of some institutions may be wavering. This is attributable largely to rising costs and a less than bright future in prospect for some higher education institutions.

Recommendations:

1. Continue the present courses vis-a-vis relationships with higher education institutions.
2. Prepare general contingency plans for the regions in which the support of higher education institutions is perceived to be wavering. Contingency plans should indicate possible alternative institutional bases in the event the higher education institutional base become disaffiliated with ISPCEN.

Question # 5: To what extent have geographical areas of "educational poverty" among nurses been identified? What is being done to organize resources to meet educational needs in these regions?

Commentary:

Data collected from the Regional Coordinators were not adequate to serve as a basis for decision making. Some of the Regional Coordinators evidently took umbrage at the term "educational poverty" and chose to gloss over the cutting edge of the concept by referring to regions "...limited in number and availability of resources."

Recommendation:

1. The Regional Coordinators, together with the Project Director, should explicitly identify, for the record, regions of "educational poverty" in Indiana (or regions limited in number and availability of resources) since this is required in the initial list of tasks proposed for ISPCEN. If it is determined that such explicit identifications serve no useful purpose, the task should be deleted from the list proposed for ISPCEN.

Question # 6: To what extent are existing independent learning laboratories in the regions utilized for supervised, independent study courses?

Commentary: Documentation and data responding to this question are not available. As is indicated in Chapter Three (p. 43), a study of the existing independent learning laboratories in the ISPCEN Regions will be undertaken by the Learning Lab Task Force in September, 1975.

Question # 7: What evidence can be adduced to indicate the process of organizing ISPCEN has been evaluated?

Commentary:

Data collected from the Regional Coordinators do not provide sufficient grounds for decision making. One group of Regional Coordinators did not understand the question. The other group of Regional Coordinators suggested that evidence exists but has not been collected in any systematic way. The writer made the tentative inference that at least one group of Regional Coordinators reacted quite defensively to the present evaluation --- a reaction that is not atypical among client systems whose project is undergoing evaluation. Documentation, however, furnishes adequate data that show ad hoc committees, task forces, and the coordinating council have been engaged in evaluating ISPCEN's operations.

Recommendation:

1. At periodic meetings of the Regional Coordinators the participants should entertain at least one evaluative question, respond to the question, and document the group response. The Project Director should formulate the evaluative question. The Regional Coordinators need not spend more than 30-45 minutes in responding to the evaluative question.

Question # 8: What instrumentalities, tools, and techniques have been developed for evaluating the relationship between continuing education offerings and improved health care services?

Commentary:

Data collected from Regional Coordinators by means of questionnaire discloses that only halting efforts have been made in developing the means of assessing the relationship between continuing education offerings and improved health care services. The writer suggests that the problem of assessing the relationship between continuing education and improved health care services is extremely complex and difficult. While an assessment of cognitive, affective, and conative gains made by individuals participating in continuing education offerings can be undertaken without too much difficulty, the relationship between these gains and actual subsequent on-the-job performance of the participants is elusive. The problem presented in criterion question # 8 is one of first order magnitude in meta-evaluation and research design.

Recommendation:

1. A task force should be established to explore, under the guidance of research design experts, procedures and methods for assessing the relationship between continuing education and improved health care services.
2. In the event that the above recommendation cannot be implemented, given the dimensions of ISPCEN work yet to be completed, Regional Coordinators should attempt to improve their evaluation competencies and limit their evaluation efforts to the assessment of gains made by participants who complete course offerings.

Question # 9: To what extent has ISPCEN coordinated the planning and implementation of continuing education courses at the intra-regional and state-wide levels?

Commentary:

Data collected from the Regional Coordinators by means of group discussion suggest that the planning and implementation of continuing education at the intra-regional and state-wide levels is at its beginning stages, and that efforts in this direction will expand during the next two years. The writer agrees that a major effort was impossible during the first year of ISPCEN's operations given the multitude of other tasks that had to be completed. With this in mind it may be stated that the two ventures into state-wide coordination (Cf. pp. 48ff) represent a significant achievement.

Recommendation:

1. Continue the present effort in working toward intra-regional and state-wide planning and implementation of continuing education courses.

Question # 10: What packaged courses have been disseminated to the regions and what materials have been supplied and/or circulated to the learning laboratories? In what ways was ISPCEN involved in this process?

Commentary:

Data supplied by the Regional Coordinators by means of questionnaire suggest that the development and diffusion of packaged courses and materials has been more than adequate and that ISPCEN's involvement was moderate to high.

Recommendation:

1. Current practices regarding the development and diffusion of packaged courses and materials should be continued.

Question # 11: Have any non-credit courses been approved for credit by an educational institution? Has any student attempted to receive credit approval for non-credit courses?

Commentary:

The data collected from the Regional Coordinators show that little has been done to realize this task.

Recommendations:

1. If the task is to be completed the Project Director and Regional Coordinators must establish contacts with educational institutions and promote actively the approval for credit of non-credit courses.
2. The Project Director and Regional Coordinators should encourage participants in non-credit courses to explore the possibilities of receiving credit for non-credit courses with various educational institutions.

Question # 12: What is the state of development of course offerings for teams of interdisciplinary health care professionals?

Commentary:

Data collected from the Regional Coordinators by means of discussion groups is inadequate for decision making. Apparently some minor effort is being exerted to develop course offerings for teams of interdisciplinary health care professionals. The following recommendation, because of the inadequacy of data, is merely tentative.

Recommendation:

1. Establish liaison with other health care professionals and promote the development of course offerings that meet the needs of teams of interdisciplinary health care professionals.

Question # 13: What are some possible future directions in the development of course offerings for teams of interdisciplinary health care professionals?

Commentary:

One group of Regional Coordinators furnished data in response to this question. Data collected from members of the Board of Directors was substantial. These data are summarized on pages 56-57 of this report. Essentially the data reveal that a strong endeavor should be made to seek non-nurse participation in continuing education course offerings.

Recommendations:

1. Explore at the state level with other organizations the possibility of developing course offerings to meet the needs of teams of interdisciplinary health care professionals.

2. Extend invitations to health care professionals other than nurses when appropriate; publicize specific course offerings more widely.

Question # 14: To what extent has a system for the use and recording of continuing education units (CEU) been established?

Commentary:

The task of establishing a system for the use and recording of continuing education units has been largely completed, as shown by the data collected from the Regional Coordinators by means of questionnaire.

Recommendation:

1. Continue present activities and refine the system.
2. Prepare and publish a brief authoritative explanation of the system for dissemination among Indiana nurses.

Question # 15: What strategies have been utilized for the ongoing identification of the educational needs of nurses relative to the emerging health care needs of the public?

Commentary:

A great deal of work is being done by the Regional Coordinators to identify educational needs of nurses relative to the emerging health care needs of the public. That so much fruitful work has been completed in such a short time span, in the opinion of the writer, is heartening.

Recommendation:

1. Continue the present course of action.

Question # 16: To what extent have Indiana nurses been provided with a calendar of continuing education events?

Commentary:

A review of the data collected from the Regional Coordinators by means of questionnaire indicates that the task of providing Indiana nurses with a calendar of continuing education events is being completed to a significant and noteworthy extent.

Recommendation:

1. Continue present efforts.

Question # 17: What are the strengths of ISPCEN at this point of the development of the project?

Commentary:

A number of perceived strengths of ISPCEN emerged from the interviews of the members of the Board of Directors and from the discussions of the Regional Coordinators. These strengths may be subsumed under the following propositions:

1) The very structure of ISPCEN is perceived to be a strength. This was noted by several of the respondents. It is this structure which organizes and systematizes the development of continuing

education in nursing in Indiana.

2) The leadership provided by the full-time Project Director of ISPCEN and by the Regional Coordinators is perceived to be a significant strength.
3) ISPCEN has involved nurses in decision making at all levels; the involvement of nurses at the so-called grass roots levels is perceived as a major strength.
4) ISPCEN has facilitated an increased number of course offerings in continuing education in nursing and has functioned to improve the quality of these offerings.
5) ISPCEN is perceived as meeting the real educational needs of nurses in Indiana. This phenomenon is apparently perceived as an outgrowth of the ISPCEN structure and the high quality of leadership furnished by the Project Director and the Regional Coordinators.
6) ISPCEN is responsible for producing the calendar of events in continuing education in nursing: something that is perceived as a significant practical help.
7) ISPCEN has facilitated cooperation and communication among nurses inter-regionally and intra-regionally.
8) ISPCEN has been responsible for developing a uniform mechanism for reviewing and implementing continuing education in nursing.

The data in the previous chapter reveal that a number of other perceived strengths of ISPCEN were noted by the members of the Board of Directors and by the Regional Coordinators. The eight perceived strengths listed above, however, seemed to stand out as the most significant.

A note should be added to interpret the response of one person who perceived no strengths of ISPCEN. In the light of the overwhelming evidence which indicates strengths of ISPCEN, it can only be inferred by the writer that the respondent who perceived no strengths was speaking out of a hidden agenda and not unprejudicially and realistically.

Recommendations:

1. Make no changes in the present structure of ISPCEN.
2. The Regional Coordinators and Project Director should continue to exercise the leadership styles that have been thus far exercised.
3. Continue to facilitate cooperation and communication, particularly at the so-called grass roots levels.

Question # 18: What are the weaknesses of ISPCEN at this point of the development of the project?

The data gathered from the members of the Board of Directors and from the Regional Coordinators suggest the following weaknesses:

1) There is a need for more cooperative planning with other agencies in the state involved in health care continuing education.
2) The review process for the awarding of CEU is not sufficiently standardized.
3) A predomination on the part of RN's --- as distinct from LPN's --- was noted as a weakness.
4) There are no Regional Coordinators in some regions.
5) There is a waning of support of ISPCEN on the part of some institutions of higher education.

6) There is an uncertainty about the future of ISPCEN relative to the planned direction of ISPCEN by the Indiana State Nurses' Association at the conclusion of ISPCEN's initial three years.
7) Even if the ISNA conducts the operations of ISPCEN, there will be a degree of resistance to this procedure.

Of all of the perceived weaknesses of ISPCEN, the last two items above seem to stand out. Many people have worked diligently to accomplish the goals os ISPCEN; some of them presently feel that their efforts may ultimately be wasted. This creates a huge problem in terms of morale.

Recommendations:

1. Make every attempt to involve more agencies in the workings of ISPCEN.
2. Develop further guidelines for the standardization of CEU review. Publicize the fact that no matter how many guidelines are developed, reviewers in each of the regions will depend largely on prudential judgment in determining the worth of programs vis-a-vis CEU; i.e., absolute standardization is impossible.
3. Involve LPN's more in the decision making processes.
4. Arrange for Regional Coordinators in those regions that are presently without coordinators.
5. Increase efforts to rally support of ISPCEN on the part of institutions of higher education.
6. Secure from ISNA a written commitment indicating that ISNA will conduct the operation of ISPCEN at the conclusion of the three-year period.

7. After the written commitment has been secured from ISNA, begin planning a program of persuasion that will facilitate the transfer of administrative leadership from the Project Director to ISNA. Resistance to the "take over" of ISPCEN by ISNA should be dealt with as soon as possible through a systematic plan of public relations.

Summary Appraisal

At this writing the condition of ISPCEN is healthy, productive, effective, efficient, and promising. The strengths of ISPCEN far outweigh perceived weaknesses. The goals of ISPCEN are being realized in a more than satisfactory fashion; the tasks of ISPCEN are being completed with a high degree of competence and dedication on the part of those concerned with the operations of ISPCEN.

The quality of leadership provided by the project coordinator, the members of the board of directors, and the regional coordinators is exceptionally high.

In essence ISPCEN has made significant strides forward in the short time of one year --- strides that are somewhat surprising to this evaluator given the immensities of ISPCEN's tasks. If ISPCEN continues operations in its present manner, its goals will be realized at the end of the three-year period in a manner that will be recognized as something short of spectacular.

The overriding concern of ISPCEN at this time, however, should be the explicit commitment of ISNA to continue ISPCEN operations after the funding period. Negotiations with ISNA should begin immediately. In the absence of explicit commitments on the part of ISNA to continue ISPCEN operations, a serious morale problem will develop.

Leon McKenzie

PART TWO

Question # 1: What is the impact of ISPCEN on active nurses in Indiana?

Commentary:

Since the inception of the ISPCEN project, all individuals involved have attempted to publicize the organization in any way possible.

It is pleasantly surprising that forty percent of Indiana nurses are aware of ISPCEN. This is due in a large part to the efforts by Regional Review Committees to have sponsors include on program announcements that CEU are being awarded by ISPCEN.

This awareness of ISPCEN is rather superficial. It is hoped that nurses will become aware of the goals of ISPCEN through further publicizing of the project.

Recently, efforts have been made to implement a newsletter to be sent to nurses in the state. A promotional brochure is being developed describing the structure and functions of ISPCEN.

Recommendations:

1. Regional Coordinators and the Project Director should publicize their availability to speak to nurses about ISPCEN.
2. Maximize distribution of the informational brochure being developed to publicize ISPCEN.
3. Seek additional opportunities to use media such as newspapers, radio, tv etc. to publicize ISPCEN.

4. The ISPCEN Communication Task Force should develop guidelines for increasing publicity about the project.

Question # 2: To what extent are the Regional Coordinators of ISPCEN involved in the planning and implementation of continuing education at the regional level?

Commentary:

Regional Coordinators devote a considerable amount of time to planning and implementing educational offerings. This is being done without benefit of an organized framework of achievement. Increases in educational offerings are occurring naturally in each region and can be documented through the monthly reports of educational offerings.

Recommendations:

1. Each Regional Committee needs to determine whether educational offerings completed in 1974 and 1975 need to be repeated in 1976.
2. Each Regional Committee needs to determine on the basis of data about nurse population in the region, and numbers of educational offerings in 1974 and 1975, the number of educational offerings which should be planned and implemented in 1976. In effect, a quota system should be established for each region to provide an organized framework in which to operate during the final year of the project.

Question # 3: Has special training in adult education processes and procedures been provided for Regional Coordinators? When? How many Regional Coordinators have participated?

Commentary:

All Regional Coordinators have had training in adult education processes and procedures. Two Regional Coordinators are enrolled in graduate study in adult education at the masters level and one Regional Coordinator and the Project Director are enrolled in graduate study in adult education at the doctoral level.

Recommendations:

1. The Project Director should determine the needs of the Regional Coordinators for in-service programs in adult education and implement the educational offerings needed.

Question # 4: To what extent have Regional Coordinators been established in higher education institutions and to what extent do higher education institutions serve as ISPCEN Regional Centers?

Commentary:

Regional Coordinators have been established in higher educational institutions and higher education institutions are serving as regional centers. The focus now needs to be on establishing relationships within the university and between the university and the community at large.

In three regions the Regional Coordinators are based in departments of general continuing education rather than in Departments of Nursing. This may prove to be advantageous in establishing a strong financial base for continuing education in nursing.

Recommendations:

1. Explore alignment with divisions of continuing education for shared financial support at the regional level.
2. Utilize methods of determining funding such as equating the CEU with the FTE (full time equivalent).
3. Gather substantive data regarding income generated by continuing education in nursing activities and numbers of potential participants in each region to use as a basis for funding requests.

Question # 5: To what extent have geographical areas of "educational poverty" among nurses been identified? What is being done to organize resources to meet educational needs in these regions?

Commentary:

Because of the difficulty inherent in determining what is meant by "educational poverty" it is almost impossible to assess the standing of this objective. If the definition of "educational poverty" is a region where there are no formal educational programs for nurses then Regions XI and XII would be identified as areas of "educational poverty". The Regional Committees in those two regions have identified other resources available in their regions and continuing education activities are occurring in these two regions.

Recommendation:

1. Continue to encourage sharing of resources (audio visual materials,

people expertise, etc.) within and between the ISPCEN Regions.

Question # 6: To what extent are existing independent learning laboratories in the regions utilized for supervised, independent study courses?

Commentary:

The task force to study this area has been activated recently and has begun a systematic study of the learning laboratories in the state.

An initial assessment of the use of existing learning laboratories in the state indicates that they are primarily being used for students enrolled in basic educational preparation in nursing.

Recommendations:

1. The Learning Laboratory Task Force should undertake a preliminary survey to determine the number of learning laboratories already existing in the state, the number of learning laboratories contemplated in the future, kinds of resources (hardware and software) available and the possibility of using these learning laboratories for supervised, independent study in continuing education in nursing.

Question # 7: What evidence can be adduced to indicate the process of organizing ISPCEN has been evaluated?

Commentary:

As stated in the body of this report, it is difficult to determine that any evaluation of the process of organizing ISPCEN has been made because data have not been collected to substantiate any such claim.

This formative evaluation of the project should provide some insight into this area. An increased awareness of the need for evaluation on the part of all those involved in ISPCEN should result in a more accurate assessment of this objective.

Recommendations:

1. The ISPCEN Board of Directors needs to take some definitive action regarding the evaluation process within ISPCEN. The Board should define these objectives which should be used as a basis for the summative evaluation of the project.
2. Regional Committees need to generate specific objectives to be used as a basis for their operations in 1976. These objectives should be drafted in terms of use as a summative evaluation of that region's accomplishments during the project.
3. A study of the data included in the first (1974) and second (1975) annual reports of ISPCEN should be undertaken to delineate the process of organization. Some evaluative criteria should be applied to the information to determine where ISPCEN is in the organizing process, and where ISPCEN needs to be in the organizing process.

Question # 8: What instrumentalities, tools, and techniques have been developed for evaluating the relationship between continuing education offerings and improved health care services?

Commentary:

The relationship between continuing education and improved health care is an unanswered question. Only minimal data have been gathered in this area. Much more research needs to be done in order to answer this question.

Because of the problems inherent in making even an initial attempt to define quality nursing care, research which goes beyond that to exploring relationships between learning and practice is beyond the scope of the charge to ISPCEN.

Recommendations:

1. A standardized evaluation form for educational offerings has been used by ISPCEN Regions. Data already collected through the use of this form can be analyzed in terms of what participants indicated they would do with the knowledge and skills acquired. Some method of follow-up then needs to be developed to ascertain whether the participants actually were able to translate their learning into their practice.

Question # 9: To what extent has ISPCEN coordinated the planning and implementation of continuing education courses at the intra-regional and statewide levels?

Commentary:

Several efforts have been made to plan and implement continuing education activities at the statewide level. In addition to the Emergency Department Nursing and school nurse courses, a statewide course on High Risk Mothers and Babies is in the planning stages for Fall of 1976.

Intra regional planning and implementing is occurring more frequently. For example, a course on Behavioral Objectives originally offered in Region II is being offered in Region V, and a course on Legal Implications for Nursing Practice originally offered in Region XI is soon to be offered in Region XIV. In many other instances course content, methods and faculty resources were shared between regions with adaptations made according to each region's needs so that the entire course might not have been identical in each region. Much informal sharing among regions also occurs but by its very nature cannot be easily documented.

Recommendations:

1. Continue present methods of sharing information at periodic meetings so that more opportunities for intra regional and statewide planning and implementing of continuing education activities will be utilized.

Question # 10: What packaged courses have been disseminated to the regions and what materials have been supplied and/or circulated to the learning laboratories? In what ways was ISPCEN involved in this process?

Commentary:

ISPCEN remains involved in the development and diffusion of packaged courses and materials throughout the state.

Recommendation:

1. Continue current methods of developing packaged courses and making these available to all ISPCEN Regions.

Question # 11: Have any non-credit courses been approved for credit by an educational institution? Has any student attempted to receive credit approval for non-credit courses?

Commentary:

Because of the strong feeling in ISPCEN that the ultimate responsibility for continuing education rests with the individual nurse, the matter of petitioning for academic credit for continuing education activities is also seen as the responsibility of the individual.

Recently reports have been received that individuals have petitioned institutions of higher education and have been awarded academic credit for continuing education. In one instance the 40 hour course on "Adult Education Processes and Procedures" was accepted for academic credit hours by the Bureau of Studies in Adult Education, Indiana University, Bloomington, Indiana."

Two individuals each received four hours of academic credit for participation in a sixteen week obstetric associate continuing education course applied to the baccalaureate degree program at St. Mary-of-the-Woods College, Terre Haute, Indiana.

Recommendations:

1. Individuals should be encouraged to apply for academic credit at various higher education institutions in the state based upon their participation in a continuing education activity in nursing.
2. ISPCEN should support the efforts of the individuals by providing the necessary substantiation of participation as well as other documentation

requested by the individual or institution both at the regional and state levels.

Question # 12: What is the state of development of course offerings for teams of interdisciplinary health care professionals?

Commentary:

Data collected from regional reports of educational offerings indicate that educational offerings have been held which have been attended by members of health care professions. Groups attending these educational offerings have included: anesthetists, dental assistants, medics, medical students, EKG technicians, dietitians, nurses aides, coronary care technicians, student nurses, social workers, physical therapists, and others.

Because of the charge to ISPCEN in relation to the provision of continuing education activities for registered and licensed practical nurses the emphasis has been on nursing rather than offerings for teams of interdisciplinary health care professionals. In reviewing the regional reports, however, it becomes obvious that this picture is changing to accomodate the needs of the number of the health care team.

Recommendations:

1. Monthly regional reports of educational offerings should specify which offerings were for nursing alone and which were for teams of interdisciplinary health care professionals. This will increase awareness of this objective and be the first step in the increased provision of such educational offerings.

2. Accelerate efforts to make others in the health care field aware of the availability of help from ISPCEN in planning and implementing continuing education activities at the regional level.

Question # 13: What are some possible future directions in the development of course offerings for teams of interdisciplinary health care professionals?

Commentary:

Data collected from regional reports of educational offerings indicates that educational offerings have been held which have been attended by members of health care professions. The focus in ISPCEN thus far in relation to the provision of continuing education activities has been on nursing rather than on offerings for teams of interdisciplinary health care professionals. It is obvious that this focus needs to change to accomodate the needs of the members of the entire health care team.

Recommendations:

1. Where appropriate, plan educational offerings for members of the health care team in addition to registered and licensed practical nurses.

2. Continue to encourage sponsors of educational offerings primarily planned

for other professionals in the health care field to also open their educational offerings to nurses. Encourage these sponsors to apply for CEU for the nurses who do attend the educational offerings.

3. Establish contact with the individuals responsible for continuing education in other health care professions to share mutual concerns and goals. A meeting at the state level can provide the direction for similar sharing at the regional level.

Question # 14: To what extent has a system for the use and recording of continuing education units (CEU) been established?

Commentary:

The system for using and recording the CEU in Indiana has been established in ISPCEN and is functional. The difficulty seems to lie in the process of retrieval of records.

Since records are kept by the sponsoring agency and the individual, there is no central repository of information. Should the individual not maintain adequate records of his/her continuing education efforts, copies of records would have to be obtained from each sponsoring agency which might be an impossible task.

Until such a time as a centralized system is feasible in Indiana, the present system must continue to be used with an awareness of its limitations.

Recommendations:

1. Explore the possibility of establishing a central record keeping sys-

tem on a limited basis - for several regions on a pilot basis - to determine the feasibility of implementation on a fee-for-service basis.

2. Emphasize to all nurse participants through the avenues available to ISPCEN that record keeping is an individual responsibility at the present time.
3. Encourage employed nurses who participate in continuing education to place copies of their CEU Record forms in their personnel files in their employing agency to serve as an additional repository of records.

Question # 15: What strategies have been utilized for the ongoing identification of the educational needs of nurses relative to the emerging health care needs of the public?

Commentary:

Need surveys are being conducted on a continuous basis in each region using varied strategies.

Recommendations:

1. Continue to utilize present methods of identifying educational needs of nurses relative to emerging health care needs of the public.
2. In addition, explore the utilization of other available sources of such information, such as results of evaluations done by sponsors of educational offerings.
3. Each Regional Committee should familiarize itself with new regulations concerning health care services and consider the implications for continuing education in their regions since the nurses in that region

may not be aware of their need to become knowledgeable about the regulations affecting their nursing practice.

Question # 16: To what extent have Indiana nurses been provided with a calendar of continuing education events?

Commentary:

The ISPCEN Calendar of Events is currently being sent to 384 agencies and organizations in the state of Indiana. Additional recipients for the calendar are identified in various ways and emphasis is on increasing the number of nurses who receive the calendar.

Recently the ISPCEN Board of Directors authorized the establishment of individual subscriptions to the Calendar of Events in the hope of reaching the large potential audience of nurses who are not currently engaged in the practice of nursing.

Recommendation:

1. Continue and expand efforts wherever possible to make the Calendar of Events available to nurses in Indiana.

Question # 17: What are the strengths of ISPCEN at this point of the development of the project?

Commentary:

ISPCEN has many inherent strengths - more become obvious as time passes. The structure was well thought out and planned and allows for flexibility and adaptability of function. Among the major strengths perceived by the internal consultant are:

1. The commitment to continuing education in nursing which provides the basic philosophy upon which all those involved in ISPCEN operate.
2. The large number of volunteers who are active in ISPCEN and who comprise the majority of the work force.
3. The development of a Master Plan for Continuing Education in Nursing in Indiana 1975-1980 which provides direction and guidance for the future.
4. The Calendar of Events which serves to notify nurses of continuing education activities and also acts as a mechanism for communication and coordination.
5. The use of the CEU which serves as a visible measurement of continuing education efforts of nurses.
6. The CEU Review process which acts as an educational aid to sponsors ultimately resulting in improved quality of educational offerings for nurses.
7. The involvement of nurses at all levels from staff nurses to administrative nurse in the workings of ISPCEN.
8. The expertise in adult education available through the Bureau of Studies in Adult Education, Indiana University, Bloomington, IN.
9. Basing the project at the Indiana University School of Nursing which makes available facilities unparalleled in the state.
10. The sound fiscal management offered by the Office of Sponsored

Programs at IUPU-I.

Other strengths of ISPCEN exist but are too numerous to mention. Most assuredly ISPCEN could not have been able to accomplish all that has been accomplished without the expenditure of time and effort on the part of countless numbers of nurses beginning with the foresighted and dynamic leadership of the three ISPCEN originators.

Recommendations:

1. Continue present efforts.
2. Continue to stress public relations with all licensed practitioners in the state of Indiana and with the nursing organizations in the state.
3. Reevaluate ISPCEN's progress at intervals and utilize the information obtained to improve ISPCEN's functioning.

Question # 18: What are the weaknesses of ISPCEN at this point of the development of the project?

Commentary:

It would be unrealistic to assume that ISPCEN has only strengths. Often the weaknesses apparent in the organization tend to become overwhelming, particularly in view of the work which remains to be done by the end of the funding period. Occasionally it becomes necessary to look back at what has been accomplished in order to get a more appropriate perception of what needs yet to be accomplished.

The major weaknesses of ISPCEN as they appear to the internal consultant are:

1. Inconsistency in development in the regions across the state due

to various reasons. This inconsistent approach to continuing education affects the coordination of the project and the credibility of the organization with the nurses in the state.

2. The uncertainty about the future of the project both at the state and at the regional levels which drastically affects the morale of the organization.
3. The large number of nurses who need to be reached with the ISPCEN message but who have remained impervious to the methods tried thus far.

The most significant of these weaknesses is the uncertainty about the future of the project for there is a natural reluctance to expend a considerable effort on something which will cease to exist in a short period of time when the need for the project to continue is so great.

Recently, efforts were made to encourage the ISNA Board of Directors to act in a definitive manner relative to their commitment to ISPCEN. Alternative approaches are being considered to assure that the concept of ISPCEN will continue after termination of Kellogg funding. The ad hoc committee appointed by the ISNA Board to explore alternative approaches suggested a plan which is being considered at this time. Promulgation and implementation of this plan if accepted by the Board of Directors of all the nursing organizations involved will be the top priority for ISPCEN in the time remaining.

Recommendation:

1. Explore and implement the plan suggested as the alternative approach to ISNA takeover to assure the continuation of the ISPCEN concept in continuing education in nursing in Indiana.

Summary Appraisal

In its initial year of functioning ISPCEN has accomplished much of what it was originated to do.

ISPCEN has effectively brought together the various nursing organizations in their common concern for quality continuing education in nursing in Indiana. Some nursing organizations are not as well represented in ISPCEN as they should be; efforts are being made to remedy this so that ISPCEN will represent all licensed nurses in the state in the area of continuing education in nursing.

The future of ISPCEN seems promising based on what has been accomplished thus far. The impact ISPCEN has made on continuing education in nursing in Indiana is impressive.

Belinda E. Puetz

APPENDIX A

ISPCEN GOALS AND OBJECTIVES

INDIANA STATEWIDE PLAN FOR CONTINUING EDUCATION IN NURSING

GOAL

To establish a structure for coordinating resources, data, and personnel that will provide quality continuing education for Indiana nurses at the regional level, ultimately leading to:

a. the opportunity for nurses in every region of Indiana to maintain competence, meet the changing standards of practice developed by the profession, exercise leadership in effecting changes in health delivery services, and achieve career satisfaction.

b. the establishment of the continuing education mission on an equal plane and with all other educational programs in each college and/or university school of nursing.

c. the integration of the statewide master plan for continuing education into the state master plan for nursing education and the system of higher education in Indiana.

d. the establishment of a plan for a permanent record system of each nurse's continuing education effort by each sponsoring agency.

OBJECTIVES

1. To implement an operational organizational structure for statewide continuing education in nursing utilizing the regional planning approach in order to best meet the continuing education needs of Indiana nurses.

2. To identify, on a continuum, the continuing education needs of nurses in the 14 regions of Indiana.

3. To encourage sponsors to use the guidelines and standards for continuing education programs developed by ISPCEN.

4. To provide a mechanism for efficient utilization of available resources and facilities for offering continuing education programs on a statewide basis, e.g., IHETS, IRMP, ISHETS.

5. To develop a five-year master plan for offering continuing education programs for nurses on a statewide basis that can be utilized as a component of the ISNA Master Plan for Nursing Education.

6. To establish a statewide system for the use and recording of the Continuing Education Unit as a uniform unit of measurement for non-credit continuing nursing education programs.

7. To serve as a clearing house for providing each Indiana nurse with a quarterly up-to-date calendar of continuing education events on a regional and statewide basis.

OBJECTIVES cont.

8. To encourage the use of instructional technology for selected continuing education in nursing programs.

9. To utilize existing learning laboratories for independent study by nurses, providing continuing education activities in local regions.

To carry out the objectives of the proposed operational project, the following activities will be implemented:

a. develop Regional Coordinators as key members in planning and implementing continuing education at the regional level

b. provide special training in Adult Education processes and procedures for all Regional Coordinators

c. develop contracts with higher education institutions to serve as Regional Centers and to house Regional Coordinators

d. determine areas of "educational poverty" in order to organize resources to reach nurses in all regions in Indiana

e. utilize existing independent learning laboratories in the region for supervised, independent study courses

f. continually evaluate the process of organization as well as development of tools and techniques for evaluating impact of continuing education offerings on improved health services

g. coordinate planning and implementation of continuing education courses

h. disseminate packaged courses that could be duplicated in several regions, and suggest materials to be supplied or circulated to learning laboratories

i. provide non-credit courses of such quality that a student could petition a given institution for acceptance of the course for credit at some point in time. (This would be the responsibility of the student and the institution involved in the request.)

j. move steadily toward the development of one or more continuing education courses offered to a team of interdisciplinary health professionals. Any such program then could serve as a model for others.

k. establish a statewide system for the use and recording of the Continuing Education Unit as a uniform unit of measurement for non-credit continuing education courses.

l. continually identify continuing education needs of nurses relative to the emerging health needs of the consumer

m. provide a mechanism for furnishing a calendar of continuing education events for every Indiana nurse.

The Indiana Statewide Planning Committee for Continuing Education in Nursing has identified the highest priorities for programming. Reports of the Indiana State Comprehensive Health Planning Agency and the Indiana Regional Medical Program as well as regional surveys were reviewed to identify the health care trends and continuing education needs. General areas for course planning were:

a. courses to prepare nurses to function in an extended role such as pediatric nurse associate, family nurse practitioner and obstetric-gynecologic nurse clinician; and, preparation of faculty to teach extended role skills,

b. interdisciplinary delivery of health services through such mechanisms as Health Maintenance Organization and community mental health centers,

c. emergency medical care services such as triage nursing,

d. nursing prevention, detection and management of the following serious medical problems identified in Indiana--cardiovascular disease including stroke; emotional disorders; neoplasms; accidents; gastrointestinal disorders; respiratory diseases; arthritis and rhuematic disorders and diabetes mellitus,

e. programs to assist nurses in implementing the occupational health laws,

f. courses on social problems such as drugs, abortion, alcoholism, veneral disease, teenage pregnancies and child abuse as well as changing the attitudes of nurses regarding these problems, and

g. nursing in critical care.

JES:ga
6/21/74

APPENDIX B

RESPONDENT COMMENTS TO QUESTIONNAIRE

RN's

QUESTION #3 "Which goal or goals?"

-Is this about attending workshops or meetings for up date your nursing practice?

-To keep nurses knowledge updated.

-To make Continuing Education programs available in rural as well as urban areas.

-Think one goal was to develop guidelines for courses, workshops, etc. to determine amount of continuing education units for participants. Also to promote legislature not making a certain number of credits mandatory for license renewal.

-To keep nurses current in their education; up with the latest techniques and developments.

-To discover the need of Nurses in Planning Continuing Education; to inform nurses of the importance of Continuing Education.'

-To enable all people in medical field to keep up with the nursing profession.

-Workshops

-To interpret CEU and to serve as a guideline for improving quality of ease through educational programs.

-Development of CE programs.

-To establish guidelines throughout the state for the coordination of C.E. units for their related presentations.

-Further education of nurses.

-I probably heard or read them but don't recall any specifically.

-Each R.N. to have 3 ceu hours/year.

-I think to provide a continuing education on the advancement of nursing. Was unable to attend meeting and therefore I do not know very much.

-Help in continuing education.

-Obtaining any new trends in nursing.

-There were plans underway for encouraging and/or requiring nurses to continue updating their education.

QUESTION #3 Con't

-Helping us to update our knowledge of diseases.

-Continuing Education.

-To update nurses who are not recent graduates in one or more phases of nursing.

-Improve patient care: increasing nurses' knowledge.

-To keep nurses refreshed in nursing techniques etc., et. learn new techniques etc.

-Further education for professional in nursing.

-Some method of CEU's for relicensure.

-To obtain CUE (sic) credits.

-To provide opportunities for educating nurses on new aspects of nursing.

-To contact and further education 2 and 3 year nurses.

-Provide for educational films.

-Keep up to date.

-To elevate the level of nursing practice.

-Continuing education in maternal and infant hi-risk care.

-Improve and maintain quality of nursing.

-To update knowledge and skills.

-To keep nurses up on current developments.

-To set a pattern or standard for continuing education in nursing.

-To further the knowledge of nurses and keep them up to date with current nursing duties.

-Mental Health Seminars.

-To set up area or regional education centers.

-To promote good "up to date" nursing care.

-To encourage nurses to keep abreast of changes in patient care.

-To have on-going education offered to professionals statewide when they otherwise might not have this opportunity.

QUESTION #3 Con't

-To encourage active employees to keep up with any changes.

-To improve nursing practice through continuing education.

-To offer educational programs.

-To provide continuing education for nurses within convenient distance of all nurses in Indiana.

-Some form of evaluating courses to determine no. of units credits.

-Providing accredited continuing education for nurses throughout the state of Indiana.

-To have all nurses up to date on current medical and nursing practices

-To update oneself with the advancement in Nursing.

-To provide a means of keeping nurses current in the profession - up to date with today's qualifications.

-Keep nurses more up to date in the changing medical fields

-Provide competence - changing standards in nursing

-Keep the nurses up to date

-To upgrade nurses

-To get all professional nurses to continue their education by taking courses that can increase their knowledge in their professional area.

-Keep nursing up to date with new techniques, etc.

-To encourage nurses to continue education

-To up date nursing procedures

-Continuing education for relicensure

-To coordinate continuing education to help keep the education level on a plane to make it worthwhile.

LPN's

QUESTION #3 "Which goal or goals?"

-Continued Units in Education to hold license

-It is my understanding that many states have adopted a law whereby nurses have to have continuing education after a specified length of time. ISPCEN is an attempt to prepare us for this law - should it come.

-To increase and update the knowledge of nurses.

-To keep nurses up-to-date, and as you attend meetings you collect points for CEU

-Nursing update

-Update on new procedures

-To continue in Nursing Education

-To improve and reemphasize the techniques and observations utilized during nursing assessments of a patient.

-Cancer Seminar 1974--Behavior Modification, February and March 1975.

-Up dating of various techniques - Isolation - Cardiac Pulmonary Resuscitation.

-Providing planned programs in different areas of nursing for updating and reviewing purpose as well as educational.

UNKNOWN

QUESTION #3

-Provide an opportunity for nurses to maintain competence, meet the changing standards of practice. Keep up with changes and achieve career satisfaction.

-Presentation of current, up to date information

RN's

QUESTION #5 "Which accomplishment or accomplishments?"

-Yes attended 22nd annual Congress of AORN 1975, Dallas, Texas - 1 week As delegate.

-Having workshops available for nurses where they can obtain CEU's units of credit.

-Travel distance to Continuing Education courses are within 50 mile diameter throughout state.

-If #3 were some goals - I have heard that participants in various workshops etc., have received credits in continuing education for participating and that the organization or person in charge has had to go to a committee to discuss the course etc., and the committee determined amount of credit to be given to participants in the program.

-Workshops planned at which C.E. credits are earned.

-Region I's approach to meet the nurses' needs in relation to continuing educ.

-Informing us of the states progress on this matter

-Workshops - improving nurses' knowledge.

-Intensive Care Unit.

-Receiving CU credits.

-Programs for nurses in specialty areas.

-Providing 2 & 3 day workshops and Seminars in Coronary Care, OB-Gyn, etc.

-Programs have been offered in cooperation with universities, schools of nursing, health agencies and professional organizations.

-Offering of continuing education programs in my area.

-Statewide Plan. Funding for Project. N.W. Indiana Programs. Many educational programs.

-Attending and participating seminars and workshops.

-Offered programs.

-Setting up a calendar of events for continuing education.

-All day Saturday workshops at Ball State Univ. Working R.N.'s not involved in administration, have difficulty getting off work every weekend for a month

QUESTION #5 Con't

to attend.

-Inservice teaching in our local hospital.

-Am acquainted with Region III group and their work - they have been of held to me in working on programs.

LPN's

QUESTION #5 "Which accomplishment or accomplishments?"

-Not really known.

-Many classes and workshops made available to those in the nursing and/or health field.

-Orthopedic workshop for nurses involved in orthopedic nursing - evaluation of the need of one in this area.

RN's

QUESTION #7 "In what ways have you been involved?"

-As a member of Region I Committee I became aware of activities of ISPCEN.

-Attended meeting at University of Evensville by local ISPCEN Coordinators.

-I have attended one Region III meeting as a representative of the Orthopedic Nursing Association. I also served as a planning member and participant of an Orthopedic Workshop sponsored by Lutheran Hospital in September 1974. After filling our required forms and data, C.E. units were granted for this presentation.

-Most meetings are very badly timed for our R.N.'s. Also the cost of some of the meetings has been outragous.

-Attended several of in-service programs.

Recommending resource persons

-I am retired.

-Going to classes et meetings to receive ICU (sic) credits.

-I am not directly involved with ISPCEN but I took two classes last semester toward a B.S. in nursing at Purdue.

-I had heard of ISPCEN but did not participate in any way.

-Attended American Association of Critical Care Nurses Association Teaching Institute in Boston.

-I've only been licensed in the state of Indiana since January. I believe ISPCEN is about the same type program as the one beginning in Florida. I have attended programs in Florida so I received continuing education credits.

-Have attended one workshop on newborn care.

-Classroom Workshop

-Had a speaker at seminar.

-I attended the last meeting - Retreat at Brown County

-I have attended about 4 - 5 workshops this last year in which we were given CEU's and a record of each was handed in to our District or Regional Director.

RN's

QUESTION #7 Cont.

-Attending some of the workshops, etc. I was aware of the possibility of continuing education program, but not as ISPCEN.

-2 week course High-Risk Mothers and Infant and very good - taught one much of what I needed to know and presented in an interesting way. The day at Community could be repeated as it was all new and I needed to absorb all that was offered.

-I have been involved with 3 seperate programs which gave C.E. units for participation.

-Only attended some classes that were ISPCEN affiliated.

-Attended some seminars. They are great!

-By attending seminars offered during the year. By giving evaluations at the close of each. I think offering opportunities such as ISPCEN is, before making continuing education for the professions a law, is a good idea. I prefer voluntary to compulsory C.E.

-Please forward some information. I'm inactive at present.

-Attended workshop at V.U. in Nov. 1974 on facilities available in community for health services.

-I have been involved by attending seminars and conferences.

-Member of local (or regional) committee.
Have served on several committees planning educational programs.
Have attended several programs..
Have suggested program topics.

-Seminars and workshops

-Attend part of Perinatal High-risk workshops

-On a panel for Continuity of Care.

-Attend 2 "for ISPCEN credit" lectures through Medical Personnel Pool

-Heard speech by Miss Puetz at Industrial Nurses meeting.

-Our hospital has been participating in this program - we've had several all day seminars - as to new papers and what now expected of nurses.

-Have attended one workshop at Madison State Hospital and hope to attend one this summer at Versailles

QUESTION #7 Cont.

-Literature - discussion
How about arrangements to allow the nurse time from work to attend some of these - not just administrative nurses -? We're not all given these priveleges. What about loss of low salary - When you're sole support of family.

-In so-far-as I have submitted programs to Region III for approval for CEU's. I have been on committee for several workshops.

-I am retired and arthritic.

LPN's

QUESTION #7 "In what ways have you been involved?"

-None because I never heard of it. I think any help will be wonderful.

-Only this - attended a Lawrence County meeting for organization of an Association. They emphasized our need to keep abreast of these moves toward continuing education. They informed us of some possible seminars etc. which could be attended for later credit.

-I have heard some comments through "Grapevine" of a program, where by all LPN's would have to take certain number of hours of continuing education classes in order to receive a renewed license. Do not know if this is ISPCEN.

-I have only been in the state since last October. I know that in some states they have a program for continuing education.

-I would like to know more and be more informed.

-Helping to get a charge nurse course for LPN's started in the CEU program as a Coordinator of same.

-I would like to receive some information, please.

-I wish to know more about the project and what it involves.

-None. Please, if possible send me some information concerning a continuation of my education. I'm very much interested in doing so. Thank you.

-I am very interested in more information about ISPCEN because I am planning to enter a Nursing School in the Fall.

-Attended several seminars given.

-I recently attended an educational offering, through the hospital I work at.

-Attendance in workshops and seminars.

-At work, inservice Education Programs.

-I have not been involved in any way except for attending the 2 seminars and I hope you continue to have them because I intend to attend some of them. I may not be able to attend everyone but I certainly will attend some. Thank you.

-At Clay County Hospital where I work there is an active Continuing Education Dept. headed by Mrs. Donnie Bray, R.N. At this time I am attending a series of 5 sessions on "Death and Dying" offered by Katherine Hamilton, Mental Health at Terre Haute, IN.

LPN's

Question #7 (Con't)

-I have attended one meeting only in 1974.

-Attended Day Workshop

-Attending different symposiums on cancer, diabetic, heart, etc.

-Continuing school

-Seminar at Marriott INN in Clarksville, IN

-Only through St. Francis Hospital continuing education workshops.

-Would like to know more about it.

UNKNOWN

QUESTION #7 "In what ways have you been involved?"

-Attended several seminars

-Negative answers because I've just moved to Indiana in December and received no information regarding Continuing Education from either state board or my employer.

-Taken one continuing education class.

RN's

OTHER COMMENTS:

-I've read about Continuing Education in other states from nursing magazines I'm all for keeping up, I just hope we'll stay away from mandatory Continuing Education which for some of us could be a tremendous financial burden not to leave out to whom we leave our present responsibilities.

-Since it was only recently that continuing education (i.e. seminars) was stressed at my place of employment, I was not aware of its state level plans. It would be of great benefit to those who are newly acquainted with these programs if a list of available seminars were sent to every R.N. just as these questionnaires have been sent, either annually or semiannually.

-I would be interested in more information.

-I'm very much against ISPCEN. We need more bed side nursing (Practical experience). We have too many chiefs and not enough Indians.

-C.E. should be available at no cost to every R.N./L.P.N. in every hospital in Indiana.

-Facilities for graduate nursing study in Northwestern Indiana are non-existent. Travel and out of state tuition costs to Illinois are tremendous.

-At one time I thought this (100) hours of ISPCEN (per year) was mandatory but I know several nurses who are working and know absolutely nothing about it. It's a good idea!

APPENDIX C

LETTERS OF COMMITMENT
FROM INSTITUTIONS
SERVING AS REGIONAL CENTERS

INDIANA UNIVERSITY NORTHWEST
3400 BROADWAY
GARY, INDIANA 46408

TEL. NO. 219—887-0111

July 26, 1973

Charlotte Carlley
Project Director
1232 West Michigan Street
Indianapolis, Indiana 46222

Dear Ms. Carlley

Our Division of Nursing in its ten year academic master plan has projected the development of a Continuing Education program along the lines indicated in the Kellogg proposal. Such developments will occur to the extent that state appropriations permit the growth of our nursing program.

There should be no problem with space inasmuch as Nursing has been allocated a significant portion of the new classroom building which will be completed in about two years. I hope this indicates that we support the growth of the Nursing program along these and other lines.

Sincerely yours

H. Feldman
Dean for Administration

vs/HF

GOSHEN COLLEGE

GOSHEN, INDIANA 46526

Office of the Dean

July 23, 1973

Charlotte A. Carlley
Project Directory
1232 West Michigan Street
Indianapolis, IN 46202

Dear Charlotte Carlley:

Betty Lorenz of our Nursing Faculty has shared with me your letter of July 9 regarding Continuing Nursing Education.

Goshen College is indeed interested in expanding its program in Continuing Education. We have had workshops and classes on campus and in the community. The local hospitals have asked us to provide more assistance.

So in response to your questions:

1. We would designate a full-time Regional Chairman for Continuing Nursing Education if funded.

2. We will try to find adequate financing to make this a permanent position.

3. Office space and equipment will be provided; secretarial assistance as necessary.

Thank you for your leadership in this project. Betty Lorenz will continue to be liaison from Goshen College.

Sincerely,

John A. Lapp

John A. Lapp
Dean

JAL:rh

cc Verna Zimmerman
Betty Lorenz

PURDUE UNIVERSITY
FORT WAYNE CAMPUS
2101 COLISEUM BOULEVARD EAST
FORT WAYNE, INDIANA 46805

OFFICE OF ACADEMIC AFFAIRS

December 27, 1973

Ms. Charlotte A. Carlley
1330 W. Michigan St.
Indianapolis, Indiana 46206

Dear Ms. Carlley:

Thank you so much for your notification that our plans for implementing our Regional Continuing Education in Nursing program can begin January 1, 1974.

As you know, we have already committed ourselves to Ms. Doris Mack as our Regional Chairwoman. I have asked our Business Manager, Mr. Thomas K. Scott, to complete the Purdue University Fort Wayne budget and forward it to you in order that the Indiana University Foundation may draw up the contract.

We are excited about the potential of the program for our region and our university and look forward to a pleasant association with you and Kellogg for the next three years.

Sincerely,

James E. Gilbert
Associate Dean for
Academic Affairs

JEG:jls

cc: R. J. Manges
D. O. Mack
T. K. Scott

PURDUE UNIVERSITY
SCHOOL OF TECHNOLOGY
WEST LAFAYETTE, INDIANA 47907

DEPARTMENT OF NURSING

September 23, 1974

Ms. Belinda E. Puetz
Project Director
Indiana Statewide Plan For
Continuing Education in Nursing
IU School of Nursing Room 237
1100 W. Michigan Street
Indianapolis, Indiana 46202

Dear Ms. Puetz:

This will confirm our phone conversation concerning W.K. Kellogg funding for a Region IV Continuing Education Co-ordinator.

As my letter of June 20, 1974, indicated, I have met with the Department of Nursing faculty, and we are able to make a formal commitment regarding the Department of Nursing's responsibility to provide a full-time equivalent faculty member to serve as Regional IV Continuing Education Co-ordinator and a secretary at the end of the two-year grant period. In addition, we will provide for any increase in salary and fringe benefits during the two year grant period.

Please contact me if any other information is necessary in order to meet the grant requirements. Thank you for your assistance.

Sincerely,

Helen R. Johnson

(Mrs.) Helen R. Johnson
Professor and Head
Department of Nursing

HRJ:lb

INDIANA UNIVERSITY at KOKOMO
2300 SOUTH WASHINGTON STREET
KOKOMO, INDIANA 46901

OFFICE OF THE CHANCELLOR

1820
150
1970

TEL. NO. 317—453-2000

December 6, 1974

Miss Belinda Puetz
Project Director
Statewide Plan for Continuing Education in Nursing
1232 W. Michigan Street
Indianapolis, Indiana 46207

Dear Miss Puetz:

Indiana University at Kokomo agrees to accept the terms of the grant from the W. K. Kellogg Foundation in which we will absorb the increase in salary and fringe benefits during the two year grant period for the Regional Coordinator and a secretary and assume the salary and fringe benefits for both positions at the end of the two year period.

Our commitment is contingent on funding by the Indiana General Assembly for the 1977-79 biennium.

We appreciate the opportunity of participating in this important project.

Sincerely,

Victor M. Bogle
Victor M. Bogle
Chancellor

VMB/jm

BALL STATE UNIVERSITY MUNCIE, INDIANA 47306

COLLEGE OF FINE AND APPLIED ARTS
Department of Nursing

August 16, 1973

Miss Charlotte A. Carlley
Project Director
Statewide Plan for Continuing Education of Nursing
1232 West Michigan St.
Indianapolis, Indiana 46202

Dear Miss Carlley:

Ball State University Department of Nursing is most eager to see the state plan and the regional organization for continuing education for nursing advanced and buttressed with the necessary support requested of the Kellogg Foundation.

On May 4, 1973, the faculty, Department of Nursing, adopted a resolution calling for implementation of a long range, high quality continuing education program commencing with the 1973-74 academic year. Including in that statement was the "support of regional and state cooperative efforts to meet needs, particularly of the Eastern Indiana community".

The research committee of Ball State Department of Nursing faculty continues its study, begun as a part of the Indiana Committee on Nursing, 1965. This committee prepared "A Survey of Nursing Needs and Resources in Eastern Indiana - 1969", and continues this research. The eleven counties included all of Region VI and all but two counties of Region IX. (Blackford, Delaware, Fayette, Grant, Henry, Jay, Madison, Randolph, Rush, Wayne, Union) Therefore, Ball State University Department of Nursing does now consider these two regions to be of primary concern and expects its Coordinator of Continuing Education for Nursing to be actively involved.

The Coordinator of Continuing Education for Nursing is employed as a full time faculty member. In addition to working with Regions VI and IX, she works with the Ball State University Office of Continuing Education. Available are the general resources provided faculty and programming including secretarial assistance, facilities and supportive materials and services. These include the auto-tutorial laboratory in the Department of Nursing which could be shared on a scheduled basis with the nurses in continuing education programs.

Sincerely,

Helen J. Berry / M. Gerhart Asst.
Dr. Helen J. Berry, Head
Department of Nursing

KF:sp

cc: Kathryn Fitzpatrick, Coordinator, Continuing Education for Nursing.
CC: Dr. Joseph S. Rawlings, Director, Office of Continuing Education.

INDIANA STATE UNIVERSITY TERRE HAUTE, INDIANA 47809

SCHOOL OF NURSING (812) 232-6311

September 6, 1973

Dr. Charlotte Carlley
Project Director ISPCEN
Indiana University
School of Nursing
Corner Barnhill & Middle Dr.
Indianapolis, IN 46202

Dear Dr. Carlley:

This is to state that Dr. Maryanne Roehm, Director Department of Continuing Education, Indiana State University School of Nursing has my consent to serve as Regional Coordinator for Regions VII and X for the Statewide Plan for Continuing Education in Nursing.

Dr. Roehm has secretarial assistance which may be used in implementing this plan.

The auto-tutorial learning laboratory located in the School of Nursing Building on campus can be utilized for independent study by nurses who are seeking to continue their education. The School of Nursing also has excellent facilities for large or small group meetings in a Clinical Education Building located next to a medical center complex. This facility will also be available for use in continuing education for nurses.

Sincerely,

Dr. Harriet O. Reeves
Dean, School of Nursing

HOR/ls

INDIANA UNIVERSITY SCHOOL OF NURSING
1232 WEST MICHIGAN STREET • INDIANAPOLIS, INDIANA 46202

August 17, 1973

Miss Charlotte Carlley
Project Director, SPCEN
Indianapolis, Indiana

Dear Miss Carlley:

This is to confirm our commitment to the implementation phase of the Indiana Statewide Plan for Continuing Education in Nursing.

Indiana University School of Nursing at IUPUI endorses the concept of coordinated statewide planning for continuing education in nursing. Therefore, the school will contribute the following to the project:

1) Jean E. Schweer, Director, Division of Continuing Education, Indiana University School of Nursing, will serve as Regional Coordinator for Region VIII via the existing and continued financial support of the university.

2) Secretarial and other supportive services will be provided by the School of Nursing for use of the Regional Coordinator.

3) Utilization of the auto-tutorial learning laboratory for independent study courses for nurses seeking a variety of kinds of continuing education available through the school and elsewhere.

4) Office space and equipment (except typewriter) for the Project Director and Secretary.

You can be assured that this project has my full administrative support.

Sincerely,

Elizabeth Grossman

Elizabeth Grossman, Ed.D.
Dean

EG:ga

Medicine • Dentistry • Nursing • University Hospitals • Law • Social Service • Liberal Arts
Engineering and Technology • Fine Arts • Business • Education • Science • Physical Education

INDIANA
UNIVERSITY
PURDUE
UNIVERSITY
at INDIANAPOLIS

COLUMBUS CENTER
2080 Bakalar Drive • (812) • 372-8267
Columbus, Indiana 47201

September 24, 1974

Ms. Belinda E. Puetz
Project Director
Indiana Statewide Plan for Continuing
Education in Nursing
1100 West Michigan Street
Indianapolis, Indiana 46202

Dear Ms. Puetz:

This is to confirm the intention of Columbus Center to serve as a regional center for the ISPEN Project during 1975.

Our commitment to this program has been demonstrated by employment of the Coordinator for Continuing Education in Nursing and her secretary, effective July 1, 1974, prior to the initial date of the Kellogg Foundation funding. We are very pleased with Mrs. Peters' progress to date and look forward to her working with us.

Sincerely,

Emerson D. Gilbert, Ph.D.
Director

EDG:es

University of Evansville

P.O. BOX 329, EVANSVILLE, INDIANA 47701

July 24, 1973

Charlotte A. Carlley
Project Director
Associate Professor of Nursing
Statewide Plan for Cont. Education
1232 West Michigan Street
Indianapolis, Indiana 46202

Dear Miss Carlley:

I am writing to confirm the University of Evansville's commitment to The Statewide Plan for Continuing Education in Nursing.

The School of Nursing agrees to designate a full-time Regional Chairman for Continuing Education. It is hoped that this position will be funded by Kellogg and the School of Nursing will assume the responsibility for the full salary at the end of the grant period. Further, office space, equipment, and a typewriter will be made available. Secretarial assistance will be made available at a minimum of fifteen (15) hours per week. It is possible that this would be increased if the demand indicates.

We are pleased to be a part of The Statewide Plan and are happy to cooperate in all these respects.

Sincerely,

Helen C Smith

Helen C. Smith, Dean
School of Nursing

HCS:nm

APPENDIX D

SAMPLE PAGE FROM AN ISPCEN CALENDAR OF CONTINUING EDUCATION EVENTS

TITLE	DATE	PLACE	INTENDED AUDIENCE	SPONSORING AGENCY	FEE	CONTACT PERSON	C E U
GENERAL PRACTICE							
Behavior Modification Implications for Nursing	September 9, 16, 23, 30, 1975 October 7, 14, 1975	Indiana University Northwest	R.N.'s & L.P.N.'s	Indiana University Northwest	$30.00	Mary E. Meade Indiana University Northwest 3400 Broadway Gary, IN 46408 (219) 887-0111	1.5
The Law and The Nurse	September 25, 1975 October 2, 9, 23, 30, 1975	Indiana University Northwest	R.N.'s & L.P.N.'s	Indiana University Northwest	$15.00	Mary E. Meade Indiana University Northwest 3400 Broadway Gary, IN 46408 (219) 887-0111	1.2 Pending Approval
Women In Management	November 4, December 16 1975 November 5, December 17 1975	I.U.P.U.I. 1201 E. 38th Street Indianapolis, Indiana	Women in Management	Indiana University - Purdue University at Indianapolis Continuing Education Office 1201 E. 38th Street Indianapolis, IN	$75.00	I.U.P.U.I. Continuing Education Office Indianapolis, IN (317) 264-4501	NO
Techniques of Therapeutic Communication	December 1975	T.B.A.	R.N.'s & L.P.N.'s	Indiana University Northwest	T.B.A.	Mary E. Meade Indiana University Northwest 3400 Broadway Gary, IN 46408 (219) 887-0111	Will Apply
Death and Dying	October - November, 1975	Indiana State University Terre Haute, Indiana	Nursing Personnel in Nursing Homes	K.H. Mental Health Center	No Fee	Maryanne Roehm Indiana State University Terre Haute, IN	1.0